Washington Adolescent Needs Assessment

Social and Health Services Section

This section is excerpted from the Washington State Maternal and Child Health Data and Services Report, January 2006. It describes several social, medical and preventive health services targeted for pregnant women, infants, children and/or adolescents in Washington and is part of a larger report being written for the Office of Maternal and Child Health at the Washington State Department of Health. When possible, data on services for adolescents are included.

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As part of the Washington State Department of Health Maternal and Child Health (MCH) Data and Services Report, the Office of MCH developed summaries of publicly funded social services and medical/preventive services targeted at the MCH population: pregnant women, infants, children and adolescents. For each service, we addressed the following questions:

- What is the service?
- How/where is the service provided?
- Who is eligible for the service?
- Who is receiving the service? Overall and by age, race/ethnicity, geographic area if possible
- Issues/concerns regarding the service, e.g, budget constraints, availability of providers, access issues, etc.

The following services are relevant to the adolescent population:

Access to Primary Care Providers

Overview

- Both the Washington State Department of Health and the Washington State Department of Social and Health Services are concerned with promoting adequate access to health care across Washington.
- The Office of Community and Rural Health (OCRH) at the Washington State Department of Health connects communities and resources to develop access to care and sustainable health care systems across the state. OCRH works with local health jurisdictions to assess the need for providers locally, and provides technical assistance to providers and facilities on federal grants, health professional support programs, and health facility support programs. OCRH Website: http://www.doh.wa.gov/hsqa/ocrh
- OCRH has worked with individual local health jurisdictions to conduct provider surveys to assess direct care provided by primary care providers in several local health jurisdictions. This work has often been part of efforts related to Health Professional Shortage Area and Medically Underserved Area designations. Surveys are voluntary but have experienced excellent response rates (95% or better). Surveys can provide a good indication of access to primary care within counties, and taken as a group may indicate system-wide issues.
- The Health and Recovery Services Administration (HRSA) at the Washington State Department of Social and Health Services has an Access Measurement Workgroup which has been monitoring access to care for Medical Assistance eligible clients. Analyses are based on claims data for fee-for-service clients. About 27% of Medicaid children were covered by Medicaid fee-for-service in 2003.[1]
- HRSA Access Website: http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/
- Currently, there is no comprehensive statewide database to assess access to health care providers across Washington. Assessing access is further complicated by the varied mix of payer types across the state, and the limitations on access by payer type.

Structure of the Primary Care Delivery System

- Primary care services are delivered by providers in private practice, as part of health maintenance organizations (HMO), at Federally Qualified Health Centers (primarily for uninsured and underinsured individuals), and at Rural Health Clinics, Tribal Centers and in residency programs. *(See Safety Net Services section for a description of Federally Qualified Health Centers, Rural Health Clinics, Tribal Centers and Residency Programs)*
- This structure of primary care services varies across counties in Washington. The distribution of the population that is uninsured, publicly insured and privately insured also varies, as does the proportion in managed care. Consequently, issues with access to care vary across Washington[2].

[1] DSHS Human Services in Your County, July 2002-June 2003, Washington State Department of Social and Health Services, Research and Data Analysis Division. Accessed from http://www1.dshs.wa.gov/excel/ms/rda/2003/state.xls 6/01/05.

[2] Schueler V. Access to Primary Care and Other Healthcare Services in Washington: Recent Results. Washington State Department of Health, Office of Community and Rural Health, November 19, 2004.

Data Sources and Measures

- OCRH has used two primary measures to monitor access to primary care: the number of primary care physician full time equivalencies (FTEs) and the physician FTE to population ratio. The physician FTEs takes the number of primary care physicians identified through provider surveys and adjusts for part-time hours and hours not spent in direct patient care (1FTE=40 hours of direct patient care/week). Primary care includes family practice, obstetrics and gynecology, general internal medicine and pediatrics. These two measures are stratified by the payer type, by urban/rural status, and calculated for new and existing clients.
- HRSA Access Measurement Workgroup has used three measures to monitor access to care for its fee-for-service population. These measures include the number of active providers, the ratio of providers to 1000 clients, and the proportion of clients being served by the top quartile of active providers. ("Active Providers" is the number of physicians or Advanced Registered Nurse Practitioners (ARNPs) that had at least one patient visit in a given time period.) Two additional measures will be added in future reports: the ratio of the number of fee-for-service visits per 1000 active physicians, and the number of visits per 1000 eligible fee-for-service clients. HRSA presents data for primary care providers (including general practice, family practice, pediatrics and internal medicine) and specialty providers.
- Several differences in measurement make comparisons across the information from these two offices difficult. These differences include: definition of primary care providers (i.e., which specialties are included and whether mid-level providers are included); client population (Fee-for-service Medicaid clients vs. total county population); source of information (billing data vs. provider self-report); time frame (quarters of year vs. time of surveys across several years) and geographic scope (statewide vs. aggregation of county-specific surveys which excludes out-of-county services).

Trends from OCRH Investigations[2]:

- Primary care capacity in urban areas appears to be declining slowly while it is improving slowly in rural areas.
- Many counties are showing stress in their overall primary care provider capacity (>2000 population: 1 provider): Okanogan (Tonasket only), Clallam, Clark, Grant, Grays Harbor, Kitsap, Mason, Snohomish, and Whatcom (Note: This is not an exhaustive list as not all counties have been surveyed).
- Stressed counties are more likely to be rural Western Washington counties (especially those with a limited safety net capacity), urban counties with a limited safety net capacity and counties with rapidly growing Hispanic populations.
- Primary care provider capacity for low-income population is somewhat worse than overall capacity.
- Access for new clients is difficult, especially in urban counties and for publicly funded clients. Among 7 urban counties combined, only 24% of primary care physicians reported accepting new Medicaid fee-for-service clients without restrictions.
- Counties with strong primary care provision through safety net providers (such as Federally Qualified Health Centers, Rural Health Centers and primary care residency programs) are more likely to have better access for new patients compared to counties with providers primarily in private practice.

- Capacity to serve the uninsured is very limited almost everywhere.

Trends from HRSA Access Measurement Workgroup Investigations[3,4,5]

- Statewide, the number of active fee-for-service providers has been increasing about 3.0% per year since 1998.
- Statewide, the ratio of active fee-for-service primary care providers per 1000 clients increased 9.8% from 18.4 per 1000 in CY 2003 to 20.2 per 1000 in CY 2004. This increase was observed in 27 of 39 Washington counties.
- The top quartile of primary care providers saw 69% of the fee-for-service office visits over the last four years. This measure monitors the distribution of services by providers. If services were even distributed across providers, the top quartile of providers would see 25% of the office visits.
- Access to obstetric care:
    - The number of physicians delivering Medicaid fee-for-service clients did not decrease from SFY 2000-2003
    - The number of deliveries per provider increased over this time period consistent with trends in the number of Medicaid-paid deliveries and changes in the proportion of women enrolled in fee-for-service.

Issues

- Statewide assessment of access to care is not possible due to the lack of a database with all primary care providers in Washington, and lack of common measures for monitoring access to providers.
- Data currently available on access is not specific to Maternal and Child Health populations, notably, children with special health care needs, pregnant women, women of reproductive age, and teens.
- Data currently available on access focus on the geographic availability of providers and availability by payer type. Other components of access, such as provider hours, accessibility of provider offices to people with disabilities, wait times, and languages spoken by provider and staff are not addressed.

[3] Health and Recovery Services Administration Fee-For-Service Physican and ARNP Participation, SFY 2004 Update. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2005. http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/SFY2004PreliminaryUpdateFinal.pdf

[4] Measuring Fee-For-Service Physican and ARNP Participation and Client Access To Care – Baseline Measures. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2004. http://fortress.wa.gov/dshs/maa/Access/ProviderAccess/Phase1ReportFinal.pdf

[5] Health and Recovery Services Administration Fee-For-Service Physican and ARNP Participation, CY 2004 Update. Washington State Department of Social and Health Services, Health and Recovery Services Administration, 2005.

Care Coordination Services

What is the service?

The American Academy of Pediatrics[6] defines care coordination as a collaborative process that links children and families to services and resources in a coordinated manner to maximize the potential of children and provide them optimal health care.

The role of care coordinators in Washington State public agencies is to coordinate and connect supports, services, and resources for children and parents at home, child care, school, and other community settings such as medical providers and managed care plans. Providers include Local Health Departments, Neurodevelopmental or Developmental Disability Centers, Regional Offices in each of the six Department of Social and Health Services (DSHS) Regions, schools, Regional Support Networks for mental health services, medical providers, managed care plans and many others. Care Coordinators may also be parents who help other parents become Care Coordinators for their child.

Ideally, a care coordinator would be the single point of entry to facilitate services across a variety of health and educational systems. But, because the number and variety of issues facing families is so unique and the service delivery system is complex with funding from multiple sources, we now have situations where there may be more than one care coordinator for a child and family. Every situation is unique and different, and each care coordinator may address one or more type of need for the child and family. See also Family Support chapter for additional services offered by peer support organizations.

How/where is the service provided?

Local Health Departments

- Children with Special Health Care Needs (CSHCN) Coordinators are public health nurses located in local health departments across the state.
- CSHCN Coordinators help families access needed services for their children ages birth to 18 such as medical care and other interventions; refer families to health insurance programs, provide screening and assessment.

Local Contractors of the Infant and Toddler Early Intervention Program (ITEIP)

- Throughout the state Family Resources Coordinators (FRC) provide service coordination activities for children birth to three. Each FRC has demonstrated knowledge and understanding about infants and toddlers eligible under Individuals with Disabilities Education Act (IDEA), Part C, the regulations in Part C 34, CFR Part 303, the nature and scope of services available under Washington State's Infant Toddler Early Intervention Program (ITEIP), the system of payment for services in Washington State programs, and other pertinent information (303.6).
- The FRC is responsible for:

[6] Pediatrics Vol.104 No. 4 October 1999, 978-981.

1. Coordinating all services across agency lines.
2. Serving as a single point of contact in helping parents to obtain the services and assistance they need.
3. Assisting parents in gaining access to early intervention services and other services identified in the Individual Family Service Plan (IFSP).
4. Coordinating the provision of early intervention services and other services that the child needs or receives.
5. Facilitating the timely delivery of available services, and continuously seeking appropriate services and situations necessary to benefit the development of each child served for the duration of the child's eligibility.

Regional Offices in each of the six DSHS Regions and outstations in the Regions

- Division of Developmental Disabilities (DDD) Case Resource Managers determine eligibility for services, identify needs, and develop, monitor, and coordinate service plans. This person also authorizes payments for division services and other services available though the Aging and Disabilities Services Administration.

- The DDD Case Resource Manager is responsible for:
    1. Determining eligibility for DDD services.
    2. Doing needs assessments.
    3. Developing a Plan of Care for people with DDD waivers.
    4. Completing a Mini Assessment (by 2006) on people eligible for DDD but receiving no paid service.
    5. Completing a Full Assessment (by 2007) on all people receiving DDD service.
    6. Authorizing services via Social Services Payment System.
    7. Monitoring and coordinating authorized services.
    8. Providing resource information and referral services for clients birth through adulthood.
    9. Participating in County Interagency Coordinating Council efforts.

Schools

- School Nurses provide case management for students in her/his case load and interact with parents, providers, community, and school resources to provide a school environment that is safe, healthy, and conducive to learning.
- Case management of children with special health care needs involves activities designed to ensure the health and educational success of the child at school. It is the position of the National Association of School Nurses that school nurses have knowledge, experience and authority to be the case manager for children with special health care needs. This includes, but is not limited to:
    1. Having knowledge about services needed by students with special health care needs, after collaboration with student, family and health care provider.
    2. Having knowledge about community services and assisting families in obtaining needed services.

3. Screening for students who would qualify and benefit from case management services for their health care needs.
4. Providing leadership in interdisciplinary team meetings to assist in planning needed services to meet the health and educational needs of the students.
5. Implementing the health team's care plan by providing direct or indirect care.
6. Coordinating continuity of care between home and school.
7. Monitoring and evaluating interventions and implementation of the health care plan.
8. Monitoring and evaluating progress toward health and educational goals.
9. Training, monitoring, and evaluating personnel delegated to perform specific nursing care.

Regional Support Networks

- Mental Health Rehabilitation services are integrated treatment services recommended by a mental health professional and provided by state licensed Community Mental Health Agencies. Services are provided to seriously mentally ill adults and seriously emotionally disturbed children for whom the services are determined to be medically necessary. These services must be provided to reach the goals of an Individualized Service Plan.

Medical Homes

- A Medical Home is an approach on how to provide health care and community services in a coordinated way. It is not a place. It's a relationship with a group of doctors, nurses, and other health care providers who know the children and their families. Medical Homes include pediatrician offices, family practice offices, or clinics that provide or arrange for care coordination for children with special health care needs. In a Medical Home, a child's health care provider knows and respects the child and the family, understands the child's needs, provides routine care like regular checkups and immunizations, works as an equal partner with families to make decisions about the child's health, and helps to coordinate the child's health care.
- **Tools to help organize a child's health information (www.medicalhome.org)**
    1. Children's Hospital and Regional Medical Center's Care Notebook
    2. Mary Bridge Children's Hospital Care Notebook
    3. Los Angeles Medical Home Project Parent Notebook *(available in Spanish)*
    4. Washington State Medical Home website: http://www.medicalhome.org
- **Find community resources (www.cshcn.org/forms)**
    1. Starting Point Resource Guide – Washington State
    2. Washington State County Resource Guides
- **Information about financial planning for <u>children with special health care needs</u>**
    1. <u>American Academy of Pediatrics Future and Estate Planning</u> (www.medicalhomeinfo.org/tools/future)

2. Exceptional Parent Magazine Life Planning (www.eparent.com/lifeplanning/default.htm)

- **Preparing for a child's visit to the doctor**
    1. Bright Futures for Families - Materials (www.brightfuturesforfamilies.org/matrials.shtml)
    2. "Building Early Intervention Partnerships With Your Child's Doctors: Tips from and for Parents (WA State Infant toddler Early Intervention Program, Department of Social and Health Services).

Who is receiving the Service?
(Note: The following programs are not mutually exclusive. Numbers should not be added together.)

CSHCN Programs in Local Health Departments
Number of Clients (0-18) in Washington State, 2004

	# clients
Total Number of Children Served	10,185 [7]

Infant and Toddler Early Intervention Program (ITEIP)
Number of Children (0-3) in Washington State, October 2003- September 2004

	# clients
Total Number of Children Served	6,806 [8]

Developmental Disabilities, 2004
Number of Children (0-17) in Washington State, July 2002 – June 2003

	# clients
Total Number of Children Served	16,225 [9]

Regional Support Network, 2004
Number of Children (0-17) in Washington State, July 2002 – June 2003

	# clients
Total Number of Children Served	37,175 [4]

Schools in Class I Districts

The 66 Class I districts indicate the number of identified cases of specific health conditions. Additionally, these districts report the number of each specific health condition considered life-threatening per RCW 28A 210.320. This information is another data source pointing to the number and severity of health conditions present in school districts across the state. For the 2003-04 school year, the 66 Class I districts reported the following data:[10]

[7] Child Health Intake Form (CHIF) statewide database, Washington State Department of Health, CSHCN Program, 2004.
[8] Infant and Toddler Early Intervention Program (ITEIP) data, October 2003-September 2004.
[9] DSHS Human Services in Your County, July 2002 – June 2003. Research and Data Analysis Division. Washington State Department of Social and Health Services, 2005. Available at http://www1.dshs.wa.gov/pdf/ms/rda/clientdata/03state.pdf
[10] Washington State Office of Superintendent Public Instruction, 2004.

Disease/Condition	Number of Diagnosed Cases	Percent of Student Population	Number of Life-Threatening Cases	Percent of Diagnosed Cases Considered Life-Threatening
Asthma	28,836	5.2	2,314	8 %
Diabetes	1,394	0.2	1,204	86 %
Severe Allergies	7,765	1.4	4,199	54 %
Heart Conditions	1,866	0.3	262	14 %
Seizures	3,013	0.5	859	28 %
ADHD/ADD	17,544	3.0	105	.06 %
Neuropsychological Disorders	4,548	0.8	188	4 %
Others	2,475	0.4	297	12 %
Total	67,441	12.0	9,428	14 %

Issues/Concerns

- The system of care for children with special health care needs is complex, making it difficult for families to identify payment sources, locate family support, and access needed services. Families need and desire a primary point of contact for care coordination that helps them navigate the health, social service, and educational systems and can most adequately meet the needs of the child and family.
- Care coordination in Washington State is fragmented.
- In many cases, a child's care coordinator coordinates only portions of the scope of services that the child uses.
- In many cases, a child may have multiple care coordinators from multiple agencies who may not communicate with each other.
- The term care coordinator has different meanings among agencies.
- Many of the policy and procedure barriers can be addressed through increased communication and collaboration across local agencies.

CHILD Profile / Immunization Program

What is the Service?

- The CHILD Profile and Immunization Program (CPIP) is committed to the following:
  1. Preventing the occurrence and transmission of childhood, adolescent and adult vaccine preventable disease.
  2. Increasing utilization of preventive health care for children birth to age six.
- Websites:
  - Immunization Program: http://www.doh.wa.gov/cfh/immunize/
  - CHILD Profile: http://www.childprofile.org
- CPIP provides six primary services to the public, healthcare providers and state and local health agencies:

Function	Description
Lifetime Immunization Registry	*Provides healthcare providers with access to a repository of data to make immunization decisions and improve immunization services. *Assure public health has the information needed to protect the public from vaccine preventable diseases.
Surveillance	*Reaches and maintains federal and state immunization coverage level goals, and maintains disease reporting and outbreak control activities. *Works with the DOH Epidemiology Office to provide technical assistance for outbreaks and disease surveillance.
Vaccine Distribution	Ships publicly purchased vaccines to local health jurisdictions who distribute the vaccine to local healthcare providers for administration to children age 0-18 years old.
Clinical Consultation and Education	Provides nursing consultation, education, and technical assistance to nurses and support staff at local health jurisdictions and private health care provider offices. Information addresses clinical immunization practices, vaccine management, and outbreak control measures.
Quality Assurance	Provides clinic-based assessment in private and public practices to assist healthcare providers in identifying opportunities where immunization coverage levels can be provided.
Health Promotion and Communication	*Provides information to the public that supports and assists them in making health care decisions. *Distributes over 2 million immunization-related informational and educational materials to parents, adults, and healthcare providers annually. *Provide parents of children birth to six with age-specific reminders of the need for well-child checkups and immunizations and information on development, safety, nutrition, and other parenting issues.

Funding

- State supplied vaccines are purchased with a blend of federal Vaccines for Children (VFC) Program funding, 317 federal funds, and general state funds.

- Registry and health promotion materials are funded by federal Vaccines for Children (VFC) Program funding, 317 federal funds, MCH block grant, Title XIX funding, general state funds, and public partnerships.

How/where is the service provided?

Immunizations	**Health Promotion**
▪ Vaccines are available from contracted primary care providers, local health departments, rural health clinics, and federally qualified health centers throughout Washington. ▪ The majority of children are served by their primary care providers (approximately 75%). Local health jurisdictions provide about 6% of immunization services, with the remainder obtained from federally qualified health centers, community and migrant health centers, rural health clinics, and other public health care sites. ▪ As of July 1, 2005, DOH has contracts with 1,155 public and private health care providers statewide. ▪ Over 55% of all contracted providers are enrolled with the CHILD Profile Immunization Registry.	▪ Health promotions materials are mailed to parents of children ages birth through six. ▪ As of August 2005, 81% of parents of children birth to age six were mailed the CHILD Profile health promotion materials. ▪ Currently, 5.5% of children birth to age six receive Spanish-language materials. (5.5% of the total number of children receiving mailings). ▪ Approximately 1.4 million materials are mailed to parents each year.

Eligibility

- Routine childhood vaccines are available at no cost to all children in Washington State from birth through age 18, regardless of income, race, or other socioeconomic factors.
- Providers may charge non-Medicaid patients a vaccine administration fee, not to exceed $15.60 per dose.
- Any health care provider can contract for free access to the immunization registry.
- All Washington children ages 0 to 6 years old are eligible to receive CHILD Profile health promotions materials.

Who is receiving the service?

Each year, the Immunization Program conducts a one-month survey of all children who receive state-supplied vaccine. The chart below provides the results of the survey conducted yearly from 1999 to 2004 [1].

Washington State Benchmarking Comparison
1999-2004

Vaccines for Children (VFC) Eligibility Categories	**1999** (n=69,316)	**2000** (n=79,100)	**2001** (n=58,022)	**2002** (n=50,969)	**2003** (n=49,488)	**2004** (n=54,062)
Medicaid	28.5%	31.0%	37.2%	37.8%	37.4%	37.1%
Native American	5.4%	4.1%	3.4%	3.2%	3.7%	2.7%
Uninsured	7.1%	6.1%	<.1%	5.9%	8.1%	3.9%
Insured	54.6%	58.8%	59.2%	53.1%	50.8%	55.8%
Under-insured *	not collected	not collected	not collected	not collected	not collected	0.5%
% VFC Eligible	45.3%	41.2%	40.6%	46.9%	49.2%	44.2%
Age Comparison	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**
0 - 11 months (< 1 year old)	21.4%	23.7%	33.1%	35.2%	34.5%	36.7%
12 - 23 months	9.3%	9.7%	20.2%	19.1%	19.9%	20.9%
24 - 35 months	1.8%	2.2%	5.3%	4.8%	5.5%	6.8%
36 - 47 months	1.5%	1.8%	2.8%	2.9%	3.3%	4.2%
48 - 59 months	4.3%	4.6%	4.2%	4.3%	4.7%	5.7%
60 - 71 months (5 year olds)	11.0%	11.3%	9.2%	9.6%	9.4%	4.3%
6 – 9 year olds	8.8%	8.9%	6.0%	5.7%	5.0%	7.2%
10 – 14 year olds	32.6%	30.6%	14.6%	14.7%	13.0%	10.1%
15 – 18 year olds	9.3%	7.2%	4.6%	3.7%	4.7%	4.1%

*****insurance coverage does not include immunizations

1 These data are the result of a non-scientific survey and are based on self-reported information from parents and guardians

Immunization Registry

The Immunization Registry is a statewide system that serves parents and healthcare providers in every county in Washington State. There are currently over 20 million vaccination records in the

registry. The Immunization Registry has set a goal to enroll 62% of public and private healthcare providers in the Registry by 12/31/05. This chart displays the progress made toward this goal, as of 12/31/04.

Public and Private Healthcare Providers

County	Total # of Sites in County[1]	% of Total Sites Enrolled	# of Public Sites	% of Public Sites Enrolled	# of Private Sites	% of Private Sites Enrolled
Adams	4	100%	3	100%	1	100%
Asotin	3	0%	1	0%	2	0%
Benton Franklin	48	44%	7	100%	41	34%
Chelan Douglas	15	93%	3	100%	12	92%
Clallam	27	52%	7	71%	20	45%
Clark	44	52%	4	100%	40	48%
Columbia	2	100%	1	100%	1	100%
Cowlitz	14	64%	2	100%	12	58%
Garfield	2	50%	1	100%	1	0%
Grant	23	74%	8	88%	15	67%
Grays	24	33%	5	80%	19	21%
Island	15	80%	5	100%	10	70%
Jefferson	7	71%	1	100%	6	67%
Kitsap	41	49%	8	100%	33	36%
Kittitas	7	29%	1	100%	6	17%
Klickitat	4	100%	2	100%	2	100%
Lewis	23	30%	2	50%	21	29%
Lincoln	5	100%	1	100%	4	100%
Mason	8	38%	3	33%	5	40%
Northeast Tri	18	61%	9	100%	9	22%
Okanogan	16	63%	5	100%	11	45%
Pacific	9	78%	3	67%	6	83%
San Juan	7	71%	3	100%	4	50%
Seattle - King	317	56%	52	81%	265	52%
Skagit	23	22%	5	60%	18	11%
Skamania	2	100%	1	100%	1	100%
Snohomish	74	51%	9	89%	65	46%
Spokane	84	54%	10	70%	74	51%
Tacoma - Pierce	121	46%	13	100%	108	40%
Thurston	41	29%	2	100%	39	26%
Wahkiakum	2	100%	1	100%	1	100%
Walla Walla	7	71%	2	100%	5	60%
Whatcom	31	26%	8	75%	23	9%
Whitman	10	40%	2	100%	8	25%
Yakima	50	30%	7	100%	43	19%
Totals	**1128**	**51%**	**197**	**86%**	**931**	**44%**

[1] Total number of sites in the county includes both public and provider sites

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

What is the service?

- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a federal preventive health care benefit. The purpose of this program is to screen clients 20 years of age and younger in order to identify physical and/or mental health problems. If a physical or mental health problem is identified, the client should be treated or referred to an appropriate provider for treatment. EPSDT is designed to encourage continuing access to health care.
- Dual objectives: [3]
  - Ensure accessibility and availability of resources
  - Facilitate the use of these resources by recipients and their families
- Services available include:[11, 3]
  - Comprehensive health and developmental history, including a developmental assessment of physical and mental health
  - Comprehensive physical examination
  - Immunizations, based on the current approved Advisory Committee on Immunization Practices schedule
  - Laboratory tests, including mandatory lead screening
  - Vision, hearing, and dental screening
  - Health education and anticipatory guidance
- Websites:
  - http://fortress.wa.gov/dshs/maa/CHIP/ClientGuide/HealthyKidsEPSDT.html
  - http://www.cms.hhs.gov/medicaid/epsdt/default.asp

How/where is the service provided?

- Provided by physicians, specially trained nurses, nurse practitioners, and physician assistants
- If recipients receive positive screen, can either be treated or referred appropriately
- Required screening periods: [3]
  - Ages 1-2 years = three screenings
  - Ages 2-6 years = one screening per year
  - Ages 7-20 years = one screening every 2 years (except foster care = one per year, and within one month of placement)
- Recommended screening periods: [3]
  - 1st = Birth to 6 weeks
  - 2nd = 2-3 months old
  - 3rd = 4-5 months old
  - 4th = 6-7 months old
  - 5th = 9-11 months old

Eligibility

[11] Maternal and Child Health Bureau, Maternal and Child Library, "Knowledge Path: Early and Periodic Screening, Diagnosis, and Treatment Services". Website: http://www.mchlibrary.info/KnowledgePaths/kp_EPSDT.html. Accessed 5/15/05

- Below 21 years old
- No cost to client if eligible for Medical Assistance[12, 13]

Who is receiving the service?

Washington State EPSDT Participation, FY 2004[14]

Age Groups	Total Individuals Eligible for EPSDT[15]	Total Eligibles Who Should Receive at least one Initial or Periodic Screen[16]	Total Eligibles Receiving at least one Initial or Periodic Screen[17]	Percent Receiving At Least one Initial or Periodic Screen[18]
<1	37,187	37,201	30,711	82.6%
1-2	83,626	69,449	56,565	81.4%
3-5	115,484	97,054	47,967	49.4%
6-9	134,968	85,083	27,716	32.6%
10-14	153,813	52,341	34,675	66.4%
15-18	104,644	42,950	16,840	39.2%
19-20	31,164	10,294	1,566	15.2%
Total	661,357	394,372	216,040	54.8%

The data presented above reflects all individuals < 21 enrolled in Medicaid regardless of whether they receive fee-for-service or managed care services. Seventy percent of Medicaid children are enrolled in managed care in the state of Washington. Through its managed care organization (MCO) contracts, the Department of Social and Health Services Medicaid program requires health plans to report performance measures on a yearly basis. One of the available measurement tools in the health care industry is the Health Plan Employer Data and Information Set (HEDIS). HEDIS is used by more than ninety percent of health plans in the U.S. to measure quality.

Among the HEDIS performance measures reported to Medicaid each year are well-child care measures. EPSDT screenings are often provided in the context of well child care visits. The HEDIS well child care measures look at the adequacy of well-child care for infants, birth to 15 months of age, children 3 to 6 years of age, and adolescents 12 to 18 years of age. Samples of children from each age category are selected and the rate of children receiving well-child care is calculated for each age category. Children are randomly selected for inclusion in the rate

[12] Washington State Department of Health, "Side-by-side comparison of EPSDT, USPSTF, and AAP". Website: http://www.doh.wa.gov/SBOH/Meetings%202000/2000-10_11/Tab05-EPSDTSide-by-side.doc. Accessed 5/15/05
[13] Washington State Department of Social and Health Services, Medical Assistance Administration, "Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program". Website: http://fortress.wa.gov/dshs/maa/download/billinginstructions/epsdt_bis_11-12-04.pdf. Posted 11/04
[14] Washington State Department of Social and Health Services, Medical Assistance Administration, 2004 data from CMS-416 form. 2004 Washington data are not yet posted, however 2003 Washington data are posted at www.cms.hhs.gov/medicaid/epsdt/ep2003.pdf.
[15] Unduplicated number of individuals < 21 years determined to be eligible for EPSDT services.
[16] Unduplicated number of individuals <21 who should receive at least one EPSDT service based on the average period of eligibility of clients and scheduled periodicity of services.
[17] Unduplicated number of individuals who received at least one documented EPSDT service
[18] Percent of the total eligibles who should receive a screen who actually received at least one documented initial or periodic screen.

calculation based on continuous enrollment criteria with one health plan. Children and Adolescents must be enrolled in one health plan for 12 continuous months (with allowance of a one month gap in enrollment) to be included; infants must be enrolled from 31 days of age (allowing a one month gap in enrollment) to 15 months of life. The statewide average among all MCOs reported in 2004 is presented below.[19]

- Medicaid Well Child Visits in First 15 months (receiving at least one visit): 98.6%
- Medicaid Well Child Visits in First 15 months (receiving at least six visits): 40.0%
- Medicaid Well Child Visits of 3-6 year olds (receiving at least one visit per year): 51.0%
- Medicaid Adolescent Well Care Visits of 12-18 year olds (receiving at least one visit per year): 33.3%

Issues/concerns

- Both increasing the number of children who receive preventive health exams, and improving the quality of the preventive care they receive have been persistent issues, despite several comprehensive quality improvement initiatives.
- Low numbers of specialty Medicaid providers may limit access to specialty care referrals for conditions discovered during screening exams.
- Reimbursement terminology for preventive exams may be confusing to parents, providers, and payers
- Providers may lack the communication skills necessary to explain health information to parents, particularly those with lower medical literacy.
- The current structure and content of EPSDT exams may no longer be the best way to ensure the highest quality preventive care to children. HRSA and DOH are in the process of considering initiatives that would increase the value and relevance of the EPSDT exam to clinicians, parents, and children.

[19] Washington State Dept of Social and Health Services Medical Assistance Administration, "Washington State 2004 HEDIS Report", 2005. Available at http://fortress.wa.gov/dshs/maa/newsdoc/2004HEDISReport1605.pdf

Emergency/Temporary Housing Services

What is the service?

- Emergency shelters and transitional housing programs for homeless families and individuals in Washington are supported by public funding from the State Department of Community Trade and Economic Development (CTED) together with non-profit, private, local and federal funds.
- In addition to providing shelter, services are provided to help homeless individuals obtain permanent housing and to prevent homelessness in those at immediate risk of becoming homeless.
- Housing programs include the Emergency Shelter Assistance Program; Transitional Housing, Operating and Rent; Tenant Based Rental Assistance; Farmworker Housing; and Overnight Youth Shelters.
- Additional social services for homeless individuals and families are provided by the Washington State Department of Health Services. See sections on Financial Assistance to Needy Families, Nutrition Services, and Childcare Services. Child Protective Services also provides services but is not currently included in this report pending the reorganization of services.
- Website: http://www.cted.wa.gov/portal/alias_CTED/lang_en/tabID_474/DesktopDefault.aspx

Emergency Shelter Assistance Program

Description: The Emergency Shelter Assistance Program (ESAP) provides funding to support emergency shelters throughout Washington. State funding is matched by community resources and supplemented by federal emergency shelter funding.

People receiving services supported by ESAP can receive up to 90 days assistance in the form of
traditional shelter
rent/mortgage assistance to avoid eviction
first month's rent deposit
landlord mediation
case management services.

How/where are services provided?: ESAP helps support a network of 172 community based emergency shelters throughout Washington. A list of organizations providing housing and related services is available at www.endhomelessnesswa.org

Who is receiving the service? In SFY 2004, 44,988 individuals in 31,362 households received 1,352,357 bednights of shelter, and 48,915 individuals in 30,030 households received 655,900 bednights of prevention. See details in tables below.

Individuals Served by Emergency Shelter Assistance Program Washington State, SFY 2004[20]				
	Individuals Provided Shelter		Individuals Provided Prevention Services	
Age	**Number**	**Percent**	**Number**	**Percent**
0-5 years	5,253	11.7%	5,992	12.2%
6-11 years	3,662	8.1%	4,897	10.0%
12-17 years	3,564	7.9%	4,129	8.4%
18-21 years	2,918	6.5%	2,350	4.8%
22-44 years	19,134	42.5%	18,549	37.9%
> 44 years	10,457	23.2%	12,998	26.6%
Total	44,988	100%	48,915	100%
Race/ethnicity				
White	24,718	54.9%	31,701	64.8%
Hispanic	4,941	11.0%	5,627	11.5%
African Amer.	9,535	21.2%	6,135	12.5%
Native American	2,534	5.6%	2,186	4.5%
Asian	752	1.7%	560	1.1%
Other	2,508	5.6%	2,706	5.5%
Total	44,988	100%	48,915	100%

Traditional Housing, Operating and Rent

Description: The Traditional Housing, Operating and Rent (THOR) program provides homeless families with up to two years rental assistance, subsidies to support transitional facilities housing homeless families, and case management to help families transition to permanent housing and self sufficiency. Participants collaborate with case managers to set goals to address barriers to self sufficiency, and case managers connect families to a wide variety of services.

How/where are services provided?: Program services are delivered through housing authorities, community action agencies and local governments that collaborate with other local service providers.

Eligibility: Homeless families with children under 18 years or pregnant women with incomes at or below 50% of the median household income for their county are eligible if they agree to create a Housing Stability Plan and participate in achieving it.

Who is receiving the service?: In SFY 2004, 1,356 new families were served.

[20] 2005 Emergency Shelter Assistance Program Report. Washington State Department of Community, Trade and Economic Development accessed at http://housing-information.net/report/index.php on 11/10/05.

Tenant Based Rental Assistance

Description: The Tenant Based Rental Assistance (TBRA) program provides homeless and low-income households with security and utility deposits and up to 12 months of rent assistance. Households receive a combination of deposits and subsidies that enable them to pay no more than 30 percent of their income for rent and utilities.

How/where are services provided?: Program services are delivered through housing authorities, community action agencies and local governments that collaborate with other local service providers.

Eligibility: Eligible households have incomes that do not exceed 50% of the median household income for their area.

Who is receiving the service?: In SFY 2004, 4,169 new families were served.

Farmworker Housing

Description:. The Farmworker Housing Program provides grants and loans to non-profit organizations and local governments to develop both permanent and seasonal housing for farmworkers and migrant workers. They assist growers by helping to finance the infrastructure needed to develop and manage housing on their farms. They also provide emergency housing vouchers for migrant workers displaced due to health and safety reasons.

How/where are services provided?: Program services are delivered through housing authorities, community action agencies and local governments that collaborate with other local service providers.

Eligibility: (see above)

Who is receiving the service?: As of 2002, 725 units of permanent housing and 4,054 seasonal beds had been developed since 1999. In addition, 3,059 bednights of emergency shelter had been provided to migrant workers living in unsafe conditions.

Overnight Youth Shelters

Description: The Licensed Overnight Youth Shelter program provides funding to assist youth shelters in King, Skagit, Snohomish and Spokane counties meet the Department of Social and Health Services licensing requirements to serve youth ages 13-17. Youth served by these shelters have run away or are homeless due to family problems. Additional services for runaway and homeless youth are provided by the Children's Administration of the Department of Social and Health Services. See http://www1.dshs.wa.gov/ca/services/srvAdlsFAQ.asp

How/where are services provided: The four youth shelters include:

VOA – Crosswalk
Spokane, WA
http://www.voaspokane.org

Cocoon House
Everett WA
http://cocoonhouse.org

TeenHope
Shoreline, WA
http://www.teen-hope.org/

Skagit Valley Family YMCA
Mount Vernon, WA
Email: oasisteenshelter@hotmail.com

Eligibility: Any homeless youth.

Who is receiving the service?: In 2004-2005, the Overnight Youth Shelter Grant assisted in providing 5,505 bednights of shelter to 384 youth, with 525 youth turned away for a variety of reasons.

Issues/Concerns

- The high cost of housing combined with low incomes continues to push many Washington families into homelessness. In SFY 2004, 173,056 individuals in 83,379 households were turned away from shelters and 116,808 individuals in 50,621 households were turned away from prevention services. 51% of the households turned away from shelter were households with children.
- The need for farmworker housing continues to exceed the services available.
- The need for shelter and services for homeless youth is particularly acute.

Family Planning

What is the service?

- Publicly funded family planning services in Washington include federal Title X services, and state funded programs administered by the Department of Health (DOH), as well as TAKE CHARGE and Pregnancy Extension services administered by the Department of Social and Health Services (DSHS).
- DOH's Family Planning and Reproductive Health section provides federal funds to clinics through Title X of the Public Health Services Act (U.S. Department of Health and Human Services) and state general funds. In addition to contraceptive services, clinics provide patient education and counseling; breast and pelvic examinations; cervical cancer screening; STD and HIV screenings; and pregnancy diagnosis and counseling. Men and women, both citizens and non-citizens, are eligible.
- TAKE CHARGE, a Medicaid research and demonstration project, was implemented by the Washington DSHS in July of 2001. TAKE CHARGE provides pre-pregnancy family planning services to low-income men and women at no cost to the client. The goal of the program is to reduce unintended pregnancy, lengthen interval between births, and to reduce Medicaid expenditures for unintended births.
- Women who are Medicaid-eligible solely because of pregnancy continue to have Medicaid coverage for medical services (including post-pregnancy contraceptive services) for two months after the end of their pregnancy. After two months, those women who were Medicaid-eligible solely because of pregnancy receive a ten-month extension of eligibility for family planning services only (called Pregnancy Extension below). At the end of the ten month extension, women who are U.S. citizens may be enrolled in the TAKE CHARGE program, if they apply. Non-citizens are not eligible for TAKE CHARGE.
- Women whose Medicaid eligibility is unrelated to pregnancy continue to be eligible for full-scope Medicaid coverage, including family planning services, as long as they are Medicaid eligible.
- Individuals, including non-citizen immigrants, can receive contraceptive services through Community Health Centers. Fees are based on a sliding scale for those with incomes at or below 200% FPL. See Safety Net Services chapter for more information about Community Health Centers.

How/where is the service provided?

- In Washington State, Title X provides funding to 19 family planning agencies (10 of which are local health departments), which provide services at 65 sites. Washington state funds go to Title X agencies plus an additional 3 agencies for a total of 22 agencies and 77 sites.
- As of June 30th, 2004, 84 TAKE CHARGE providers offered services at 176 clinic sites.
- The majority of TAKE CHARGE clients are served by 10 family planning agencies (all of which are also Title X agencies). TAKE CHARGE providers also include 15 local health departments, 14 community clinics, and two university student health centers.

Eligibility

- Title X and DOH state funded family planning services are charged on a sliding fee scale for clients with incomes between 100% and 250% FPL. Clients whose income is at or below 100% FPL receive services at no charge to the client.
- Men and women who are not otherwise Medicaid-eligible, with family incomes at or below 200% of the FPL, are eligible for TAKE CHARGE if they are seeking to prevent unintended pregnancy. If a TAKE CHARGE client has partial coverage through another health insurance plan, then that plan will be billed first.
- Pregnant women with family incomes at or below 185% of the FPL are eligible for Medicaid-paid maternity care and for the ten month Pregnancy Extension (Family Planning Only).

Who is receiving the Service?

Clients receiving family planning services in Washington at clinics receiving at least some public funding, 2004 (Services include Title X, DOH state funded family planning, TAKE CHARGE and Pregnancy Extension services.)
(Note: Columns are not mutually exclusive. Numbers should not be totaled across columns)

	Title X[21]		DOH State Funded[22]		TAKE CHARGE[23]		Pregnancy Extension[24]	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Sex								
Female	130,865	94%	49,409	90%	100,272	95%	26,455	100%
Male	7,961	6%	5,770	10%	5,255	5%	not eligible	
Total	138,826	100%	55,179	100%	105,527	100%	26,455	100%
Age								
< 17	18,084	13%	7,090	13%	15,312	15%	667	3%
18-19	22,424	16%	9,364	17%	20,493	19%	2,189	8%
20-24	48,481	35%	20,718	38%	41,220	39%	10,591	40%
25-34	42,798	31%	13,901	25%	22,117	21%	11,040	42%
35+	7,039	5%	4,106	7%	6,385	6%	1,958	7%

[21] Unduplicated clients served in 2004 at clinics receiving some funding from Title X, as reported in Title X Client Visit Record Database, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05.
[22] Unduplicated clients served in 2004 at clinics receiving some Washington State General Funds from Department of Health Family Planning and Reproductive Health Program, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05. Data do not include about 350 clients seen at the Seattle Indian Health Board in 2004.
[23] Unduplicated TAKE CHARGE clients who received any service in 2004, Medical Assistance Administration, Department of Social and Health Services, 8/05.
[24] Unduplicated Pregnancy Extension clients who received any service in 2004, Medical Assistance Administration and First Steps Database, Department of Social and Health Services, 8/05.

	Title X[25]		DOH State Funded[26]		TAKE CHARGE[27]		Pregnancy Extension[28]	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Race					Not Available		Not Available	
White	101,876	73%	41,757	76%				
Black	6,043	4%	3,354	6%				
AIAN[29]	2,045	2%	752	1%				
Asian	6,911	5%	3,212	6%				
NHOPI[30]	1,729	1%	806	1%				
Other	15,497	11%	2,269	4%				
Multiple	4,725	3%	3,029	5%				
Ethnicity								
Hispanic	20,355	15%	3,465	6%				
Non-Hispanic	118,471	85%	51,714	94%				

Issues/Concerns

- Although Title X does not pay for abortion services, Congress has increasingly linked Title X to abortions. In FY 2005, Congress passed an appropriations rider that could negate the ability of a Title X clinic to supply an abortion referral to a woman facing an unintended pregnancy. In addition, abortion opponents in Congress report that their top priorities include a ban on Title X funding to clinics that use private funds to provide abortions.[31]
- Nationally, after adjusting for inflation, Title X funding has remained essentially constant since 1980[32] even though the population needing services has increased. Title X clinics are confronting the increased cost of contraceptives and the increasing numbers of uninsured individuals.[33]
- At both the state and national levels, Medicaid expenditures continue to grow despite current cost containment efforts. Continuing budget shortfalls and reductions in services consistent with available resources are predictable.

[25] Unduplicated clients served in 2004 at clinics receiving some funding from Title X, as reported in Title X Client Visit Record Database, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05.
[26] Unduplicated clients served in 2004 at clinics receiving some Washington State General Funds from Department of Health Family Planning and Reproductive Health Program, Infectious Disease and Reproductive Health Assessment, Washington State Department of Health, 8/05. Data do not include about 350 clients seen at the Seattle Indian Health Board in 2004.
[27] Unduplicated TAKE CHARGE clients who received any service in 2004, Medical Assistance Administration, Department of Social and Health Services, 8/05.
[28] Unduplicated Pregnancy Extension clients who received any service in 2004, Medical Assistance Administration and First Steps Database, Department of Social and Health Services, 8/05.
[29] American Indian/Alaska Native
[30] Native Hawaiian/Other Pacific Islander
[31] Gap Widening Between U.S. Women's Birth Control Needs and Government Response, The Alan Guttmacher Institiute, March 2005.
[32] Conservatives' Agenda Threatens Public Funding For Family Planning, The Alan Guttmacher Institiute, February 2005.
[33] U.S. Policy Can Reduce Cost Barriers to Contraception, The Alan Guttmacher Institute, July 1999.

- The need for family planning services for non-citizen individuals in Washington is significant and continues to grow.[34] Non-citizens are not eligible for TAKE CHARGE, although women may receive post-pregnancy contraceptive care for up to one year through the state-funded Pregnancy Extension program. They may receive sliding-scale contraceptive services through Title X and DOH funded clinics as well as Community and Migrant Health Centers if their income is at or below 200% of the FPL.
- In addition to non-citizens served by Title X, DOH state funds, and the DSHS state funded Pregnancy Extension program, the Washington State Dept of Health Family Planning and Reproductive Health Program is currently administering a pilot project to increase access to contraception for the Non-citizen population in Washington State.

[34] Washington State Take Charge Medicaid Section 1115 Demonstration Waiver, 7/1/2003 – 6/30/2004 Annual Report.

Family Support Services

What is the service?

Families with members who have disabilities face numerous challenges. Meeting the needs of a child, parent, or other family member who requires support and assistance to accomplish day to day activities can be an enormous stressor for a family. In addition, families with disabilities often face isolation, lack of resources, and discrimination. In response to these challenges, many families with disabilities have become leaders in the field of family support, not only advocating on behalf of their own members and other families, but providing peer to peer family support and playing significant policy roles in their communities and at the state and national level.

Families need support and information while learning how to best support their loved ones who are living with special needs. The family member may need a variety of therapies and services, from physical, occupational, or speech therapy, to special equipment such as wheelchairs, walkers, adaptive computers, or other services. The individual and the family may benefit from respite, formal and informal family support services, counseling, financial planning advice, mental health and other services.

Several organizations in Washington State provide peer support to parents and siblings of children and youth with special needs and disabilities. Some organizations provide one-to-one peer matching, involvement in ongoing support groups or periodic social or educational gatherings. See also Care Coordination chapter for additional family services provided by public agencies.

How/where is the service provided?

One on One Support:

Washington State Fathers Network http://www.fathersnetwork.org/

- Serves fathers, families, and care providers of children and youth with special needs through resources, support groups, social events, website, regional and state conferences, and newsletters: all events and information services are especially "dad-friendly."
- Fathers Network is a program of the Kindering Center, and is funded by the Children with Special Health Care Needs (CSHCN) Program, Washington State Department of Health; the Paul G. Allen Charitable Foundation, and through private donations.

Washington State Parent to Parent http://www.arcwa.org

- Serves families of children and youth with special needs throughout Washington in a variety of ways, including Parent to Parent peer support and matches, website, resources, and other activities. Helps families make connections with other families whose children have a similar condition and/or are from a similar ethnic background.
- Washington State Parent to Parent is a program of the Arc of Washington and works closely with CSHCN Coordinators, medical home teams, feeding teams, and other services provided by

Washington State Department of Health CSHCN Program. CSHCN Program also provides funding.

- **Sibling Support Project** http://www.thearc.org/siblingsupport/
  The Sibling Support Project is a national project for brothers and sisters of people with special needs. "Sibshops", workshops which provide peer support for siblings of children and youth with special needs, are available through Children's Hospital in Seattle. Generally, the children who participate are ages six to thirteen. ibKids and SibNet are free email listserves.

Resource and Information Services:

Adolescent Health Transition Project (AHTP) http://depts.washington.edu/healthtr/

- Provides information and resources to help youth and young adults with special needs transition to adult health care. Provides information on other services necessary for successful transition to all aspects of adult life. The Washington State Adolescent Health Transition Resource Notebook is a great resource available on the website.

The Arc of Washington http://www.arcwa.org/

- Promotes the education, health, self-sufficiency, self-advocacy, inclusion and choices of individuals with developmental disabilities and their families, including serving as manager for the Washington State Developmental Disabilities Endowment Trust Fund. Resources and information available for youth and adults as well as children.

Washington Parents are Vital in Education (PAVE) http://washingtonpave.org

- Bi-lingual/bi-cultural staff work with families, individuals with disabilities, professionals, and community members in all walks of life and with all types of disabilities. Maintains a free lending library of books and video tapes, a quarterly newsletter (PAVE Pipeline), a toll-free telephone number, free and low cost materials in a variety of formats and languages, and provides a variety of training and programs.

Family Educator Partnership Project (FEPP) http://www.arcwa.org

- In many school districts in Washington, FEPP creates partnerships between families, educators, and community agencies in order to support children and youth who need special education services.
- Partnership Team Training promotes shared leadership within a school district to bring positive, proactive approach to planning services for children with disabilities.

National Family Voices http://www.familyvoices.org

- Family Voices is a national, grassroots clearinghouse for information and education about the health care of children with special needs. Their belief in the strength of families is inspiring: "We all come from families. Families are big, small, extended, nuclear, multi-

generational…families have strengths that flow from individual members and from the family as a whole." Great source of health policy and other information.

Eligibility

All families are eligible and welcome to access support and resources, regardless of income, age, ethnicity, or other demographic features. Some programs are targeted to specific populations, for instance siblings, or fathers.

Who is receiving the Service?

We don't have routinely collected data on how many people are receiving family support services, but we know that there are approximately 211, 000 children with special health care needs in Washington State. About 177,000 Washington State households include a child with special health needs.

Issues/Concerns

- Family support is an essential feature of caring for children and youth with special health care needs. It should not be limited to income eligibility criteria. All families, regardless of income, education, geographical location, and other demographics, need support.

- Culturally competent family support for ethnically diverse populations is inadequate. Trained ethnic outreach coordinators and cultural brokers are needed to provide better services for families from culturally diverse backgrounds. Funding is needed to make this happen.

- Providers, including doctors, case managers, school nurses, and teachers benefit from knowing more about family support services available. When professionals know what is available, they are more inclined to refer families to support.

- Family centered care and support comes through partnerships between families and professionals. Partnership between families and providers is an important area for continued work and development.

The list of organizations in this document is incomplete, but is intended to give the reader an overview of major sources of support and information. For more information, see the document "Starting Point," available at http://www.cshcn.org.

Financial Assistance for Needy Families

What is the service?

- Washington State provides financial assistance for needy families primarily through the Temporary Assistance for Needy Families (TANF) Program and the State Family Assistance Program (SFA) administered by the Department of Social and Health Services Economic Services Administration.
- TANF, formerly AFDC (Aid to Families with Dependent Children), is a federal welfare program providing a temporary monthly grant and medical assistance to eligible children under age 18 and their needy caretaker relatives.
- SFA was established by the Washington State Legislature to provide financial assistance to families who would no longer be eligible for TANF due to federal Welfare Reform legislation. This program mirrors TANF. The TANF eligibility requirements for immigrants do not apply to this program. All other TANF rules apply.
- Other assistance programs administered by the Economic Services Administration include the Diversion Cash Assistance Program for families with a short term need, Refugee Cash Assistance for refugees or asylees who have resided in the US for 8 months or less, and the Additional Requirements-Emergent Needs program for TANF and Refugee Cash Assistance grant families experiencing housing and utility emergencies. The Economic Services Administration description of all assistance programs is available at : http://www1.dshs.wa.gov/esa/2004briefingbook.htm
- Most TANF/SFA families are required to participate in the *WorkFirst* Program which emphasizes gaining work-based skills to become self-sufficient. It was implemented in 1997 and combines state and federal funding for services.
- Four *WorkFirst* partners and state agencies provide services in collaboration with many business and community organizations. They include: Department of Social and Health Services (DHHS), the Employment Security Department (ESD), the State Board for Community and Technical Colleges (SBCTC), and the Department of Community, Trade and Economic Development (CTED). [1]

  The services they provide include:

DSHS
- First and ongoing contact
- Determines eligibility
- Provides orientation and determines case manager assignment
- Provides monthly cash assistance

ESD
- Provides job placement
- Provides job search workshops and fairs

SBCTC
- Provides job skill and advancement training through 34 colleges/technical schools around state

CTED
- Promotes business, planning, and partnering within community
- Provides Community Jobs program

- *WorkFirst* Services include: [1]
  - Vocational counseling, training and skill development

- Job placement
- Parenting classes and help paying for childcare
- Nutrition and health care
- Work clothes or uniforms
- Assistance seeking, preparing for, and adjusting to promotions

- *WorkFirst* Website: http://www.workfirst.wa.gov

How is the service provided?

- For monthly cash assistance, families complete a single application online or in person at one of 57 Community Service offices (CSO) across the state.
- CSO staff also link families with programs at federal, state, and local levels, including: child support, food stamps, tuition assistance, medical assistance, working child care connections, etc.[35]
- Most TANF families are required to participate in the *WorkFirst* program.

Eligibility

- Washington State residents who are pregnant or responsible for the care of children who meet income and resource requirements and citizenship requirements are eligible.
- Income and resource requirements are defined by federal and state laws and income limits vary by the size of family.[36]
- Most families are limited to 60 months of cash assistance in their lifetime.
- Federal government allows 20% of state caseload to be exempt from 60 month lifetime limit if: extenuating circumstances, full-time participation, or Child Safety Net sanction in place.[1]
- Eligibility reviewed at least every 6 months, and continues until the client becomes ineligible.
- Families moving from other states to Washington receive the same benefits as Washington State residents
- The Eligibility A-Z Manual provides administrative rules and procedures for staff to determine eligibility for people applying for cash, food and medical assistance in Washington State at http://www1.dshs.wa.gov/esa/eazmanual/.

Who is receiving the service?

Income Assistance (AFDC/TANF) Average Monthly Caseload[37]

Year	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**
Caseload	95,334	85,524	67,256	58,796	54,579	55,068	54,654	55,607

- Once 60 month limit is reached, reevaluation of need takes place, and benefits are extended if needed

[35] Washington Workfirst, "Washington State's Temporary Assistance for Need Families (TANF) State Plan (Biennial Review December 23, 2002". Website: http://www.workfirst.wa.gov/about/planbody.pdf . Accessed 5/10/05

[36] Washington State Department of Social and Health Services, "Eligibility A-Z Manual, Cash Assistance". Website: http://www1.dshs.wa.gov/esa/eazmanual/Sections/Stds4Cash.htm. Accessed 6/2/05

[37] Washington State Office of Financial Management. "Washington Trends: Income Assistance (AFDC/TANF) Average Monthly Caseload ". Website: http://www.ofm.wa.gov/trends/htm/fig404.htm. Accessed 8/19/05

- As of June 2004, approximately 6% of average caseload was receiving extended benefits past the 60 month limit, which is far from the 20% level allowed federally [38]
- Since 1997 *WorkFirst* reform, welfare levels have dropped by approximately 40% from 97,000 in 1997 to 58,000 in April 2005.

Average Monthly Assistance Amount and Members Receiving TANF/GA/SSI[39] (in 2003)

Description	
Percent of Washington households with member receiving TANF assistance	5.1% (N=122,143)
Median Monthly Cash Assistance	$406

- Median *WorkFirst* wage for single parent with two children (as of February 2005) = $8.50 per hour. This figure does not incorporate child support services that go directly to the parents, irrespective of whether the parent is receiving cash assistance.[40]

Issues/concerns

- Washington's *WorkFirst* program described as "innovative assistance plan", with dramatic decrease in welfare recipients since 1997 [5]
- As of Spring 2005, new measurement methods are being tested in an effort to improve federal participation rates. [41]
- The Internal Revenue Service wants taxpayers to be aware of additional tax refund options through the Earned Income Tax Credit (EITC). Up to $4,300 per family is available to families with children earning below $34,458 per year [42]
- DSHS working to improve monitoring and documenting of TANF services[43]
- Washington State has historically provided TANF benefits for Washington tribes. In 2002, Port Gamble S'Klallam assumed responsibility for TANF assistance for tribe members. Other tribes are also assuming TANF responsibilities [44,45]

[38] Economic Services Administration, Department of Social and Health Services, "ESA Briefing Book for State Fiscal Year 2004". Website: http://www1.dshs.wa.gov/ESA/2004briefingbook.htm . Accessed 8/19/05.

[39] 2004 Washington State Population Survey; Office of Financial Management (OFM), Department of Health, Department of Social and Health Services. Website: http://www.ofm.wa.gov/sps/2004/tabulations.htm . Accessed 5/10/05

[40] Washington *WorkFirst*, "2005 Monthly Earnings and Benefits for Single Parent with 2 children". Website: http://www.workfirst.wa.gov/about/workpays.htm. Posted 2/05

[41] Washington *WorFirst*, State Staff Briefings 2005, "Actual Hours Release Dates Announced". Website: http://www.workfirst.wa.gov/statestaff/briefings.htm. Accessed 5/26/05

[42] Washington *WorkFirst*, Press Releases, "Don't Overlook Earned Income Tax Credit, Amended Returns Can Bring Big Payments". Website: http://www.workfirst.wa.gov/eitc/eitcpressrelease0305.htm. Posted 3/25/05.

[43] Washington State Department of Social and Health Services, "DSHS Working to Comply with Newly Issued Audit Findings but Says Some Exceed Legal Requirements of Funding", Website: http://www1.dshs.wa.gov/mediareleases/2005/pr05019.shtml. Posted 3/8/05

[44] Washington State Department of Social and Health Services, "Port Gamble S'Klallam Becomes First Washington Tribe to offer its own TANF and Child Support Programs", Website: http://www1.dshs.wa.gov/mediareleases/2002/pr02227.shtml. Posted 7/02. Re-posted 5/7/05

[45] Washington State Department of Social and Health Services, "Three South Sound Tribes Reach Agreement to Provide Temporary Assistance for Needy Families". Website: http://www1.dshs.wa.gov/mediareleases/2004/pr04241.shtml. Posted 9/04; Re-posted 5/7/05

First Steps Services

What are the services?

- First Steps helps low-income pregnant women get the health and social services they need. Services are delivered by a network of both public and private agencies across Washington State. The program is managed collaboratively by the Washington State Department of Social and Health Services (DSHS) and the Washington State Department of Health (DOH). DSHS provides Medicaid funding for all First Steps services. DSHS and DOH jointly share administration of the program through an inter-agency agreement and delegation of authority.
- Goals of the First Steps Program
  - provide interventions as early in pregnancy as possible
  - promote early and continuous prenatal care
  - reduce incidence of low birth weight infants
  - decrease health disparities among vulnerable populations
  - reduce the number of unintended pregnancies
  - reduce the number of repeat pregnancies within two years of delivery
  - increase the initiation and duration of breastfeeding
  - reduce tobacco use during pregnancy and pediatric exposure to second-hand smoke
  - reduce the incidence of SIDS
  - reduce infant mortality rates
  - increase self-sufficiency of the mother and family unit
- In 2003, First Steps provided prenatal care and/or delivery services to 36,118 women. Of these women, approximately 71% received maternity support services. [46]
- There are three components of First Step support services:
  - Maternity Support Services: These are preventive health services designed to supplement medical visits and include screening, assessment, interventions, education, case management, and counseling. Services are provided in an office or the client's home by a multidisciplinary team of nurses, dietitians, behavioral health specialists and community health workers. The number and type of visits provided depends on the needs of the woman and her family but the total of all visits cannot exceed 15 hours. Interventions are based on identified risk factors and focus on improving pregnancy, early parenting outcomes, and self sufficiency.
  - Infant Case Management: The goal of Infant Case Management is to improve the birth parents' (and family's) self sufficiency in accessing existing social and health resources in the community to meet their immediate needs. These services are limited to 1) acting on the client's behalf in order to ensure the client receives needed services (advocacy); 2) networking and/or collaborating among staff of different agencies/programs to connect clients to services and avoid duplication (linkages); and 3) providing information to clients to assist them in receiving medical, social, educational, or other services (referral).
  - Additional Support Services include childbirth education, childcare, breastfeeding consultation, tobacco cessation counseling, family planning (post delivery), and access to a public education and referral toll-free line through the Healthy Mothers, Healthy Babies

[46] Cawthon, L. Maternity Support Services and Maternity Infant Case Management Use by Women with Medicaid-paid Births in 2003, Washington State Department of Social and Health Services First Steps Database, 4/18/05.

Coalition. (For additional information, see the Healthy Mothers, Healthy Babies Services Chapter.)

- First Steps Website: http://fortress.wa.gov/dshs/maa/firststeps

How/where is the service provided?

- Women learn about First Steps services through multiple sources, including when they have a pregnancy test, when they apply for medical coupons, when they visit their health care provider, when applying for the Women, Infants and Children Supplemental Nutrition Program (WIC), or by contacting the toll-free Healthy Mothers/Healthy Babies information line.
- Women can apply for First Steps by visiting their local DSHS Community Service Office (CSO). They can call 1-800-322-2588 for more information, or can access the CSO online http://wws2.wa.gov/dshs/onlineapp/introduction_1.asp
- First Steps support services are provided by approximately 92 private and public agencies in over 150 sites throughout the state. All agencies either provide or partner with other agencies to provide services of the Women, Infants and Children Supplemental Nutrition Program (WIC). (For additional information, see the Nutrition Services Chapter.)

Eligibility

- All pregnant women in the State of Washington whose income is at or below 185% of the Federal Poverty Level (FPL) are eligible for Medicaid-paid maternity care, including First Steps support services.
- Maternity Support Services may be provided only during the "maternity cycle," which means from the onset of pregnancy through the end of the month in which the 60th postpartum day occurs.
- Infant Case Management Services are restricted to high risk infants less than one year old living with his or her biological parent whose income is up to 200% FPL. Qualifying criteria for a high risk infant include physical, developmental or safety issues that impact health and development.

Who is receiving the service?

Of the 36,118 Washington women (45.6% of all births) who received Medicaid coverage for their prenatal care and/or delivery, 25,521 (70.7% of Medicaid Deliveries) received First Steps support services in 2003. [1] In 2003, 56% of First Steps support services were public health nursing services, 19% were behavioral health services, 14% were nutrition services and 10% were community health worker visits.[47] The table below shows the numbers of teen women who received any First Steps support services as a percent of Medicaid deliveries, as well as the breakdown by race/ethnicity.

[47] Conlon, D. Medical Assistance Administration First Steps Procedures by Procedure Code and Date of Service, Fiscal Years 2003-2005 Dates of Service. Washington State Department of Social and Health Services, 7/29/2005.

Washington Women with Medicaid-paid Births in 2003
Who Received First Steps Support Services [1]

	Non-Medicaid Deliveries		Medicaid Deliveries		First Steps Support Services	
	#	% Births	#	% Births		
State Total	43,119	54.4%	36,118	45.6%	25,521	70.7%
Women ≤ 17 yrs	147	7.2%	1,881	92.8%	1,606	85.4%
Women 18-19 yrs	649	13.8%	4,070	86.2%	3,135	77.0%
White, Non-Hispanic Women	32,908	63.5%	18,945	36.5%	11,743	62.0%
Hispanic Women	3,157	23.9%	10,048	76.1%	8,537	85.0%
African American Women	933	34.3%	1,788	65.7%	1,444	80.8%
American Indian Women	303	23.2%	1,004	76.8%	548	54.6%
Asian Women	3,892	67.9%	1,844	32.1%	1,420	77.0%
Pacific Islander Women	199	35.1%	368	64.9%	272	73.9%
Women reporting more than one race	1,031	42.9%	1,373	57.1%	983	71.6%

Medicaid-paid births includes women who delivered a live birth or fetal death greater than 20 weeks whose deliveries were covered by Medicaid. A delivery is considered covered by Medicaid if the mother received Medicaid-paid prenatal or delivery services or if she was enrolled in Medicaid managed care for at least 3 of the 6 months prior to delivery.

Issues/concerns:

- There are persistent issues with early linkage and referral of pregnant women to First Steps programs from the community service offices, including women at high risk for poor outcomes.
- Long term sustainability of this program will depend on innovative restructuring so that intensity of services are matched appropriately to individual client needs.
- Depression during the perinatal period has been identified as a significant risk factor that is affecting the long term health of the pregnant woman, her infant and family, yet there are inadequate services in communities throughout Washington to meet the needs of these women.
- Eligibility criteria limit the ability of most women to obtain medical care after two months post delivery.

Genetic Services

What is the service?

- Publicly funded genetic services in Washington include support for genetic counseling services at nine of the 16 regional genetics clinics, the Regional Laboratory for the Diagnosis of Inborn Errors of Metabolism at Children's Hospital and Regional Medical Center (CHRMC), the Phenylketonuria (PKU) Clinic at University of Washington (UW), cytogenetics [ψ] testing for eligible patients, and prenatal diagnosis genetic counseling for Medicaid clients.
- In addition, all infants born in the state are screened for certain preventable disorders, many of which are genetic, through the Department of Health's statewide Newborn Screening Program; affected infants are connected with specialty preventive care. Screening is funded by a fee charged to the parents through the birthing facility; clinical care receives funding through many sources, largely private insurance and Medicaid, with some support from Title V and screening fees.
- The Department of Health's Genetic Services Section (GSS) provides some of the funding to nine regional genetics clinics through the Maternal and Child Health Block Grant (Title V) and state general funds. Eight of the nine funded clinics provide prenatal genetic services, including diagnostic screening, evaluation, counseling, and/or treatment relating to the outcome of a pregnancy. All nine funded clinics provide clinical genetic services, including diagnostic screening, evaluation, treatment, and determination of carrier status and/or counseling delivered to a clinical genetic patient and/or members of the same family. All funded clinics also provide education about human genetics and access to genetic services to health professionals and the lay public in Washington State.
- Funding for the CHRMC laboratory helps support diagnosis of inborn errors of metabolism and provides diagnostic confirmation for several conditions identified through newborn screening.
- Title V, state, and local funds support the UW PKU Clinic, which provides diagnosis, assessment, genetic counseling, and consultation for ongoing dietary management and health supervision, as well as evaluation of treatment outcomes to all children with PKU and their families.
- GSS maintains an interagency agreement with Health Recovery Services Administration (formerly Medical Assistance Administration) to provide required matching state funds for the reimbursement of prenatal genetic counseling services for Medicaid clients.
- Individuals, including non-citizen immigrants, can receive financial assistance from GSS for cytogenetics testing based on a sliding scale.
- In accordance with state law, the Department of Health Office of Newborn Screening conducts statewide screening of all newborns for nine congenital disorders.
- Websites:
    - Genetic Services Section http://www.doh.wa.gov/cfh/mch/Genetics/Regional_Genetics_Clinics.htm

  Newborn Screening http://www.doh.wa.gov/nbs

[ψ] Cytogenetics is the study of normal and abnormal chromosomes.

How/where is the service provided?

- In Washington State, Title V provides funding to the following genetics clinics: Blue Mountain Genetics Clinic in Walla Walla; CHRMC (lab and clinic) in Seattle (also serving a clinic in Bellingham); Inland Northwest Genetics Clinic in Spokane, Mary Bridge Children's Health Center in Tacoma, UW Medical Genetics Clinic in Seattle (also serving a clinic in Everett), UW PKU Clinic in Seattle, and Yakima Valley Memorial Hospital in Yakima (also serving Central Washington Hospital in Wenatchee).
- In addition, genetic services can also be accessed at Swedish Hospital (Seattle), Madigan Hospital (Tacoma), Group Health Cooperative, Kadlec Hospital (Tri-Cities), Obstetrix (Auburn and Tacoma) and Evergreen Hospital.
- Newborn screening specimens are collected at hospitals and clinics. Specimens are sent to the Newborn Screening Program's laboratory in Shoreline, Washington.

Eligibility

- Regional Genetics Clinics receiving Title V and state funds must accept all referrals.
- Cytogenetics: Men and women who are not eligible for Medicaid or other financial assistance programs, with family incomes at or below 200% of the FPL, are eligible for financial assistance. Title V and DOH state funded cytogenetics services are charged on a sliding fee scale for clients with incomes between 100% and 200% FPL. Clients whose income is at or below 100% FPL receive services at no charge to the client.
- Prenatal genetic counseling is provided as fee-for-service for any pregnant woman and/or newborn covered by Medicaid, including Healthy Options through 90 days after birth when it is medically indicated.
- Newborn screening is required for all newborns by law. Parents can refuse on religious grounds only.

Who is receiving the Service?

Clients receiving prenatal and clinical genetic services in Washington at clinics receiving some public funding, 2004; cytogenetics tests supported in part by Title V funds, 2004.

	Prenatal[48]	
	Number	**Percent**
Sex		
Female	670	100%
Male	N/A	N/A
Total	670	100%
Age		
< 17	19	3%
18-19	24	4%
20-24	99	15%
25-34	182	27%
35+	342	51%
unk	4	

	Clinical[49]	
	Number	**Percent**
Sex		
Female	1861	55%
Male	1501	44%
Ambiguous	17	1%
Total	3379	
Age		
<1	471	14%
1-9	1103	32%
10-19	536	16%
20-29	272	8%
30-39	333	10%
40+	664	20%

Cytogenetics[50]
In 2004, GSS provided financial assistance for cytogenetic testing for 2 patients.

	Prenatal		Clinical		Cytogenetics	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Race					Not Available	
White	447	67%	2136	63%		
White/ Hispanic	28	4%	51	1.5%		
Black	2	0%	64	2%		
Black/ Hispanic	0	0%	2	0%		
Asian/ Pacific Is.	16	2%	105	3%		
Native American	20	3%	42	1%		
Mexican	147	22%	151	4.5%		
Other	4	1%	25	1%		
Other/Hispanic	1	0%	36	1%		
Unknown	5	1%	767	23%		
Total	**670**	**100%**	**3379**	**100%**		

- In 2004, 77,774 infants (or 99.6% of births reported to the Newborn Screening Program) were screened for the required congenital disorders (does not include births at military facilities).

[48] Unduplicated clients served in 2004 at clinics receiving some funding from Title V, as reported in the Washington State Genetic Services Minimum Data Set, 2004.
[49] Unduplicated clients served in 2004 at clinics receiving some funding from Title V, as reported in the Washington State Genetic Services Minimum Data Set, 2004.
[50] Unduplicated clients who received financial assistance for cytogenetics in 2004, Washington State Genetic Services Section 10/05.

Issues/Concerns

- Title V funded clinics are confronting the increased cost of genetic services, and the increasing numbers of uninsured individuals, in the face of potential budget cuts.
- The increasing identification of genetic disorders and emerging screening and diagnostic techniques will soon outstrip the state's capacity to ensure appropriate access to high quality, comprehensive clinical and laboratory genetic services.
- At both the state and national levels, Medicaid expenditures continue to grow despite current cost containment efforts. Continuing budget shortfalls and reductions in services consistent with available resources are predictable.

Health Insurance

Introduction

- Washington residents with health care coverage receive it from a variety of sources including employers, individual plans, and the government.
- In 2004, 69% of adults ages 19-64 obtained health insurance through their own or their spouse's employer or union. During the same time, 58% of all children ages 0-18 and 62% of children ages 10-18 received health insurance through their parents' employer.[51]
- Similar to national trends, employer-based insurance premiums in Washington have risen dramatically in the past decade. In addition to premiums, those with employer-based coverage are being required to pay out-of-pocket for services, either with deductibles or copayments.

Uninsured

- In 2004, approximately 606,000 Washington residents or about 10% of the population was uninsured, up from about 8% in 2002.[52] This change was not statistically significant.
- Washington residents at increased risk of being uninsured include the poor or near-poor, those who live in rural areas, non-citizens, those who report fair or poor health, or those who report a disability.[53]
- 79% of survey respondents without health insurance reported cost as the barrier to their having insurance.[54]
- In 2004, approximately 98,000 children ages 0-18 or 6.0% of the child population was uninsured, up from 4.5% in 2002. This change was not statistically significant.[52]

Health and Recovery Services Administration (formerly Medical Assistance Administration)

- Health and Recovery Services Administration (HRSA) of the Washington State Department of Social and Health Services provides managed-care and fee-for-service health care insurance to low-income people in Washington primarily through a federal/state Medicaid partnership.
- Low-income pregnant women with household incomes up to 185% of the federal poverty level (FPL), (a monthly income of $2,984 for a family of four in 2005), are eligible for medical coverage.
- Children in households with incomes below 200% FPL (a monthly income of $3,225 for a family of four in 2005) are eligible up to age 19.
- Members of families receiving cash assistance (TANF) and people with disabilities are also eligible for coverage.
- An extensive array of services is covered, including: inpatient and outpatient care, physician services, lab and x-ray, nursing facility services, family planning, home health

[51] Gardner, E. Health Insurance by Work Characteristics: 2004. 2004 Washington State Population Survey Research Brief No. 34. Washington State Office of Financial Management, April 2005 and E. Gardner, personal communication.
[52] Gardner, E. The Uninsured Population in Washington State. 2004 Washington State Population Survey Research Brief No. 31 (revised). Washington State Office of Financial Management, February 2005.
[53] Gardner, E. Characteristics of the Uninsured: 2004. 2004 Washington State Population Survey Research Brief No. 32. Washington State Office of Financial Management, February 2005.
[54] 2004 Washington State Population Survey, Medical Insurance Data Tabulations posted at http://www.ofm.wa.gov/sps/2004/tabulations/q7p6.htm. Accessed 6/14/05.

and nurse-midwife services, additional medically necessary services, outpatient drugs, durable medical equipment, dental services, physical, speech and occupational therapy, preventive care and well-child visits.

- Currently, no cost-sharing is required for Medicaid clients, although monthly premiums for those children covered in Washington whose coverage is not mandated by federal law have been proposed in the past few years.
- Six-month eligibility reviews for children were instituted in April 2003 resulting in cost-savings but also children being dropped from Medicaid. In April 2005, the state reverted to 12-month continuous eligibility for children on Medicaid.
- 36,118 women who gave birth were covered by Medicaid in 2003, 45.6% of all Washington State births.[55]
- 664,983 children ages 0-18 received Medical Assistance at some point in 2003, 43.7% of all children ages 0-18 in Washington State.[56] About 33% of children were receiving Medical Assistance at any given time.[57]
- *Healthy Options* is the Medical Assistance managed-care program that included 8 health plans in 2003. *Healthy Options* covered 48.1% of Medicaid-paid births, and 73% of children ages 0-18 on Medicaid in 2003. [58,59]
- Website: http://fortress.wa.gov/dshs/maa

Children's Health Insurance Program (CHIP)

- The Children's Health Insurance Program provides insurance to children in families whose income is too high for Medicaid but still falls within CHIP's guidelines.
- Children in households with incomes from 200-250% FPL (a monthly income between $3,226 and $4,032 for a family of four in 2005) are eligible up to age 19.
- Benefits and choice of health plans are the same as for Medicaid.
- Monthly premium of $15 per child, up to $45 maximum per family.
- Approximately 13,000 children receive CHIP each month, 84% of whom are enrolled in managed care.
- Website: http://fortress.wa.gov/dshs/maa/CHIP/Index.html

Basic Health

- The Basic Health Plan is a reduced-cost, state-sponsored health coverage program administered by the Washington State Health Care Authority.
- The Basic Health Plan contracts with five health plans across the state.
- Services covered include hospitalization, provider visits, emergency services, and prescriptions.
- The Basic Health Plan has a sliding-scale premium based on age, income, family size, and health plan selected.
- Co-payments for preventive-care services are required.

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[55] Cawthon, L. Eligibility Status for Washington Women with Medicaid-Paid Births in 2003, Washington State Department of Social and Health Services, First Steps Database, 2/23/05.
[56] Washington State Department of Social and Health Services, Research and Data Analysis Division, 2003 Client Data 2003, http://www1.dshs.wa.gov/rda/research/clientdata/2003/default.shtm. Accessed 8/12/05.
[57] Gardner, E. Washington State Office of Financial Management, personal communication, August 2005.
[58] Cawthon, L. Managed Care Enrollment Status for Washington Women with Medicaid-Paid Births, 1993-2003, Washington State Department of Social and Health Services, First Steps Database, 2/23/05.
[59] DSHS Human Services in Your County, July 2002-June 2003, Washington State Department of Social and Health Services, Research and Data Analysis Division. Accessed from http://www1.dshs.wa.gov/excel/ms/rda/2003/state.xls 6/01/05.

- $150 annual deductible and $1,500 annual out-of-pocket maximum per person (maximum applies to coinsurance charges only). Enrollee copayment or coinsurance applied to most services.
- As of December 2004, included 97,273 enrollees; 81,605 adults and 15,668 children. Over 50% had family incomes less than 100% FPL.[60]
- Website: http://www.basichealth.hca.wa.gov/

Basic Health *Plus*

- The Basic Health *Plus* Program is coordinated by Washington State Department of Social and Health Services and Washington State Health Care Authority for children who are Medicaid eligible and whose parents are enrolled in Basic Health.
- Children receive expanded health benefits that are the same as those for clients covered by Healthy Options (Medicaid) plans.
- No premiums or copayments required.
- In December 2004, 26,957 children were covered by Basic Health *Plus*.[60] These children are reflected in the 664,983 children covered by Medicaid.
- Website: http://www.basichealth.hca.wa.gov/understanding/plus.shtml

Individual Insurance Market

- Individuals denied health insurance can enroll in the Washington State Health Insurance Pool (WSHIP), which has three benefit plans of varying structure, deductibles, and payments available to consumers.
- WSHIP premiums may be reduced for enrollees ages 50 to 64 whose gross income is no more than 300% FPL.
- Website: https://www.wship.org/

Issues/Concerns

- As health care costs increase, there is an increasing burden on employers who provide health insurance to employees. This has led to employers cutting back on coverage and raising employees' share of costs, especially for covered family members. As affordability has decreased, more people have sought public funding.

[60] Basic Health Enrollment Summary, December 2004. Washington State Health Care Authority. June 2005.

Healthy Mothers, Healthy Babies Information and Referral Services

What is the service?

- Healthy Mothers, Healthy Babies (HMHB) is a private, not-for-profit organization that provides *a single point of access* for information and referral services to families in areas such as health insurance, nutrition resources, family planning, child care, and immunizations.
- HMHB receives public funding from the Washington State Department of Health, Department of Social and Health Services and the Health Improvement Partnership of Spokane to operate four statewide, toll-free information and referral lines.
- The Maternal-Child Health line provides eligibility screening and referrals to Medicaid and WIC, as well as and referrals and health education materials regarding pregnancy, prenatal care, maternity support, childbirth and breastfeeding.
- HMHB provides eligibility screening and information and referrals to Medicaid and the State Children's Health Insurance Program through the Healthy Kids Now! line.
- The Family Planning/Take Charge line provides family planning information and referrals for men and women to Take Charge providers.
- In 2005, HMHB added the Family Food Hotline which provides eligibility screening and application connections to WIC and the Basic Food program (food stamps), and information and referrals to food banks and the summer meals program.
- HMHB builds partnerships and coalitions within the maternal and child health community. These collaborative partnerships build bridges between stakeholders and service providers to help shape the best services and policies for pregnant women, children, and families in Washington State. These include the Immunization Action Coalition of Washington and the Breastfeeding Coalition of Washington.
- Website: www.hmhbwa.org

How/where is the service provided?

- HMHB operates four toll-free statewide information and referral lines:
    - Maternal-Child Health 1-800-322-2588
    - Healthy Kids Now! (SCHIP) 1-877-543-7669
    - Family Planning/Take Charge 1-800-770-4334
    - Family Food Hotline (Food Stamps) 1-888-4-FOOD-WA (888-436-6392)

- HMHB's bilingual information and referral specialists screen callers for eligibility and assist them in applying for and accessing Department of Health and Department of Social and Health Services programs and services, including First Steps (Medicaid-funded prenatal and delivery care and maternity support services), WIC, Children with Special Health Care Needs, CHILD Profile Immunization Program, Take Charge, and other Family Planning services, Children's Health Insurance Program, and Basic Food (food stamps). For languages other than English and Spanish, HMHB uses the AT&T Language Line interpreter service.

- Beyond providing information and referral services, HMHB staff help families understand eligibility criteria and how to apply for and enroll in programs, and the services provided by each program and organization.
- HMHB's localized, multi-language health education materials uniquely serve diverse populations throughout the state, reducing cultural and linguistic barriers.

Who is eligible for the services?

- HMHB's services are available to all residents of Washington State.
- Although HMHB primarily serves low-income pregnant women and families with children under age five, calls on HMHB's toll-free lines, and requests for health education materials, are received from all socio-economic and racial/ethnic groups.

Who is receiving the service?

- During 2004, approximately 53,000 people called HMHB's toll-free lines.
    - 32,773 calls to Maternal-Child Health line
    - 13,527 calls to HealthyKidsNow! Line
    - 6,235 calls to Family Planning/Take Charge line

- More than 90% of callers were Medicaid-eligible (i.e., with incomes below 185% of the Federal Poverty Level (FPL) for pregnant women, or below 200% FPL for children), although only about half of those eligible were already enrolled in Medicaid.
- Callers were primarily families with children under age five, and pregnant women.
- More than 28,000 pregnant women received a copy of HMHB's Prenatal Care and Baby Book which is available in eight languages, and many thousands more obtained other health education materials from HMHB.

Issues/concerns

- The Department of Health's ability to continue to obtain federal matching support of HMHB at current levels is being threatened. HMHB's contract with DOH is funded through a variety of sources, including state funds and federal Maternal Child Health block grant and Medicaid funds. These funding sources are all experiencing new demands and possible cuts. Deep cuts would threaten HMHB's ability to deliver services.
- Medicaid clients call HMHB with questions about obtaining health care, because many health care providers no longer accept medical aid coupons. There is no universal source of information about health care access in the state, but the sources available all indicate local variation is access to care for Medicaid eligible. Access is particularly difficult in rural areas, and for families seeking dental care for their children, obstetric and gynecologic care, and other specialist care.
- The barriers which prevent families from accessing needed programs and services have been well documented over the years. Those barriers have been exacerbated by increasing costs for housing and other essentials. Rapidly rising gasoline costs, in

particular, make it more difficult than before for families to access needed services, especially in rural areas of the state.

- The state ranks tenth in the nation in food insecurity. Many families, who are already availing themselves of all food programs and services, still find their families hungry at the end of the month. The "safety net" does not provide enough for families to "make ends meet."

Juvenile Justice Services

What is the service?

- Rehabilitation involving vocational, educational, and behavioral health services for youth (8-21 years old) with multiple criminal offenses or serious offense, as determined by the state legislature's determinate sentencing system. This model of services is called the Evidence Based Model, and has been used in Washington since 2000.
- The "Juvenile Offender Sentencing Grid" provides the framework on deciding how juveniles are referred, taking into account whether it's a first offense, and the severity. [2]
- Websites:
    - Overview: http://www1.dshs.wa.gov/jra/

How/where is the service provided?

- 33 local juvenile courts in Washington refer youth to the Juvenile Rehabilitation Administration under "determinate sentencing system" (created by state legislature) which also applies to adults (combining seriousness of offense and history of offenses for length of time served, often 30 days).
- JRA Division of Institutions Programs operates three institutions, one work camp and one basic training camp. The institutions are located in Snoqualmie, Centralia and Chehalis. The work camp is located in Naselle and the Basic Training Camp is in Connell, WA. Each of these facilities serves as the origin of services for adolescent offenders. They receive cognitive behavioral treatment interventions, which include vocational, educational and behavioral interventions by trained staff members.
- As youth progress and improve in treatment, they move to a less restrictive community facility, usually for 4-5 months. These sites are structured while allowing youth to continue in treatment, go to high school and have jobs.
- JRA Division of Community Programs currently operates seven State operated Community Facilities, three contracted Community Facilities and specialized foster care. Locations include Olympia, Lakewood, Woodinville, Renton, Tacoma, Ellensburg, Richland, Wenatchee, Spokane, Yakima and Ephrata.
- Youth are required to pay up to 50 percent of restitution damage through community service, to understand the harm that they have created.
- Once sentencing requirements are complete, one of three things occurs: aged out, living with families on parole, and living with families off of parole. On parole, JRA parole case managers work with family and youth to improve communication, expectations, and assist in substance abuse programs, sex offender treatment, family therapy, and mentoring.
- Beginning in 2002, the "Integrated Treatment Model" was implemented. One of the components is after-parole activities focusing on the whole family instead of primarily on the adolescent offender [Functional Family Parole (FFP)].[61]

[61] Juvenile Rehabilitation Administration, "Integrated Treatment Model", Website: http://www1.dshs.wa.gov/pdf/JRA/ITM_Design_Report.pdf]. Accessed 4/20/05.

Eligibility

- Court appoints any juvenile 8-21 years old according to Sentencing Guidelines of state legislature [62]

Who is receiving the service?

Characteristics of Residential Population, March 31, 2005[63]

Gender	*Number*	*Percent*
Male	778	91.1%
Female	76	8.9%

Age	*Number*	*Percent*
< 15	91	10.7%
15-17	584	68.4%
18-20	179	21.0%

Common Issues Encountered in Residential Care (Last updated January 2005)

Description	*Involved in Residential Care (%)*
Significant mental health issues	64%
Chemically dependent	81%
Cognitively impaired	40%
Sexual misconduct issues	30%
Two or more of the above	60%

Issues/concerns [64]

- WA State Institute for Public Policy conducted a study demonstrating that evidence-based rehabilitation and therapeutic interventions significantly dropped crime recidivism compared to the former Corrections Model [65]
- Increasing pressure on residential and community counselors to serve multiple needs.
- Conflicting demands between incarceration and rehabilitation

[62] State of Washington Sentencing Guidelines Commission "Juvenile Disposition Manual 2004", Website: http://www.sgc.wa.gov/PUBS/Juvenile/Juvenile_Disposition_Manual_2004.pdf Accessed 5/25/05
[63] Juvenile Rehabilitation Administration, "Population Summary Report, January – March 2005". Published April 12, 2005.
[64] Juvenile Rehabilitation Administration, http://www1.dshs.wa.gov/jra/
[65] Washington State Institute for Public Policy, "Recommended Quality Control Standards: Washington State Research-Based Juvenile Offender Programs". December 2003. Website: http://www.wsipp.wa.gov/

Mental Health Services

What is the service

- The Mental Health Division (MHD) of the Washington State Department of Social and Health Services is the state agency responsible for providing publicly funded mental health services. Services in Washington State are administered through 14 Regional Support Networks (RSN), they include:
  - Mental Health Crisis Services
  - Outpatient Mental Health Services
  - Inpatient Mental Health Services: Community Hospitals, Freestanding Evaluation and Treatment Centers, Adult State Hospitals and Children's Long-term Inpatient Programs
  - Involuntary Treatment Services
- The MHD collaborates with state and local government, private and public agencies, as well as Tribes and other Department of Social and Health Services divisions (DSHS) to ensure that the needs of women and children with mental illness are met.
- MHD's website can be viewed at: http://www1.dshs.wa.gov/mentalhealth/index.shtml.

How/where provided

Mental Health Crisis Services

Description

- Crisis intervention and emergency assistance in person and via the phone for mental health crises

Eligibility

- No limit on eligibility to call—available to all state residents

Served

- 39 crisis lines are operated, one for each county
- Information on number of calls made using the crisis line is not available (calls are logged differently in each county)
- Other crisis services provided by mobile crisis teams, crisis diversion beds, etc. Crisis services such as these also vary from county to county in terms of documentation, making aggregate numbers of accessed crisis services unavailable.

Outpatient Mental Health Services

Description

- Services include: day support, family treatment, group treatment services, high intensity treatment, individual treatment services, intake evaluation, medication management, medication monitoring, peer support, psychological assessment, rehabilitation case management, special population evaluation, stabilization services, and therapeutic psychoeducation.

Eligibility

- Adults ≥19 who are Medicaid recipients are eligible to be assessed for mental health services
- Children <19 who are Medicaid recipients are eligible to be assessed for mental health services
- The RSN must determine that a person meets the medical necessity criteria, access to care standards, or has a mental disorder requiring treatment in order to access services.

Served

- 126,867 people in Washington State used mental health services in 2003[66]
- 37,547 were children ages 0-17[1†]

Inpatient Mental Health Services

Description

- Community Hospitalization
- Free standing Evaluation and Treatment Facilities (E&Ts)

Eligibility

- Adults ≥18 who are Medicaid recipients who are evaluated by the RSN as needing hospital care due to a mental health crisis.
- State funding is available for inpatient services for some persons not eligible for Medicaid.

Served

- 8,444 people in Washington State were hospitalized in community hospitals and free standing E&Ts for mental health conditions in 2003[1]
- 939 were children ages 0-17[1†]

Children's Long-term Inpatient Program (CLIP)

Description

- Long-term residential treatment for children experiencing severe psychiatric conditions and in need of inpatient care.

[66] Washington State Department of Social and Health Services, Mental Health Division, "State-Wide Publicly Funded Mental Health Performance Indicators". December 2004

Eligibility

- Any child up to the age of 17 with a severe psychiatric illness whose needs cannot be met in the community.
- Medicaid medical necessity criteria must be met.
- All children admitted to CLIP are eligible for Medicaid during their treatment stay.

Served

- 91 beds statewide[67]
- 4 sites: Tamarack (Eastern Washington), Pearl Street Center, McGraw Child Study and Treatment Center (Western Washington)[2]
- 212 children were served in Fiscal Year (July 1 - June 30) 2003[2,†]
- 2002 CLIP report indicated 41% of children waited between 30 and 60 days before admission, and 39% waited less than 30 days.[2]

Adult State Hospitals

Description

- Long-term residential treatment for adults experiencing severe psychiatric conditions and in need of inpatient care.
- Residential treatment is provided at both Eastern State Hospital and Western State Hospital.
- Services provided by Western State Hospital: Center for Adult Services (adults ages 18 to 59), Center for Geriatric Services (adults 60 years of age and older), Center for Forensic Services (alleged and convicted criminals), Program for Adaptive Living Skills (transition to community), Rehabilitative Services (recreational, speech, and audiology therapy), Support Services, and Mental Health Ombudsman.
- Services provided by Eastern State Hospital: Adult Psychiatric Unit (adults ages 18 to 59), Center for Geropsychiatric Services (adults ages 50 and over), and the Forensic Services Unit (alleged and convicted criminals.)

Eligibility

- Medicaid recipients <=185% FPL
- Any adult committed through the judicial system under RCW 10.77 or civilly committed through RCW 71.05, commitment is based upon the presence of grave disability from mental illness. The process must be initiated by a County Designated Mental Health Provider (CDMHP.)
- Voluntary admissions can be done only at Western State Hospital.

Served

- Eastern State Hospital Total Beds: 274[68]
- Western State Hospital Total Beds: 883[68]
- Admissions to Eastern State Hospital from July 1, 2003 – June 30, 2004: 940[68]
- Admissions to Western State Hospital from July 1, 2003 – June 30, 2004: 1,506[68]

[67] Washington State Department of Social and Health Services, CLIP Administration, "CLIP Summary Report 1991-2002". December 2003

Involuntary Treatment Services

Description

- Involuntary treatment orders for people experiencing severe mental illness that may result in the harming of themselves or others.
- Involuntary treatment is done through the courts and must be ordered based on the recommendations of a CDMHP
- Involuntary treatment may occur on an outpatient or inpatient basis.

Eligibility

- Available for children between the ages of 13 to 17, and adults 18 and older.
- Must be determined by a CDMHP to present a likelihood of serious harm to self or others, or is gravely disabled
- Used when voluntary inpatient services are not possible (refusal of patient to go voluntarily)
- Some state funding is available for those not eligible for Medicaid, or for those without private insurance or other means to pay.

Served

- 2,404 people in Washington State were involuntary committed to an inpatient facility for treatment in 2003[68]
- Of the 212 children admitted for inpatient mental health treatment in 2003[1], 96 children were involuntarily admitted to CLIP facilities.[2†]

Who is receiving the service?

Percent of Patients Receiving Publicly Funded[69] Outpatient Mental Health Services[70], Youth (0 – 17 yrs)[†], Fiscal Year July 2002 – June 2003[66]

RSN	Number of Patients Served	Population (0-17)	Percent Served
Northeast	572	19,106	3.0%
Grays Harbor	811	17,251	4.7%
Timberlands	967	23,601	4.1%
Southwest	1,224	24,905	4.9%
Chelan/Douglas	846	28,238	3.0%
North Central	883	40,943	2.2%
Thurston/Mason	1,427	64,146	2.2%
Clark	2,403	98,985	2.4%
Peninsula	1,729	81,372	2.1%
Spokane	2,922	107,500	2.7%
Greater Columbia	5,341	172,625	3.1%
Pierce	4,408	190,569	2.3%
North Sound	6,064	254,406	2.4%
King	8,462	390,646	2.2%
Statewide	37,547	640,716	2.5%

[68] Washington State Department of Social and Health Services, Mental Health Division, "Capacity and Demand study for Inpatient Psychiatric Hospital and Community Residential Beds – Adults and Children". November, 2004

[69] Includes services funded by both Medicaid and Washington State dollars.

[70] Unduplicated number of Medicaid enrollees accessing Medicaid mental health services.

Percent of Patients Receiving Publicly Funded[69] Outpatient Mental Health Services[70], Adults (18-59 years), Fiscal Year July 2002 – June 2003[66]

RSN	Number of Patients Served	Population (18-59)	Percent Served
Northeast	1,284	36,728	3.5%
Grays Harbor	1,285	36,493	3.5%
Timberlands	2,489	48,759	5.1%
Southwest	3,175	51,765	6.1%
Chelan/Douglas	1,670	53,716	3.1%
North Central	1,670	69,238	2.4%
Thurston/Mason	3,042	150,573	2.0%
Clark	4,012	201,831	2.0%
Peninsula	4,315	183,899	2.3%
Spokane	5,701	243,787	2.3%
Greater Columbia	10,011	337,983	3.0%
Pierce	9,246	414,860	2.2%
North Sound	10,991	570,893	1.9%
King	19,432	1,106,531	1.8%
Statewide	76,339	3,507,056	2.2%

DSHS Mental Health Service Use Totals[71,72], Fiscal Year July 2002 – June 2003[67,73]

	Adults (18-59)		Youth (0-17)†	
Service	Number Served	Use Rate	Number Served	Use Rate
Children's Long-term Inpatient Program	1	-	212	-
Community Inpatient Evaluation and Treatment	6,671	0.2%	944	0.1%
Community Services (Outpatient)	78,883	2.0 %	37,071	2.4%
Adult State Hospitals (Institutions)	2,983	0.1%	4	-

Issues/Concerns

- Mental health funding has not kept up with population pressure and the increased cost of delivering public mental health services.

† Majority of children utilizing public mental health services are between the ages of 10 to 17

[71] Duplicated number of services accessed by Medicaid enrollees
[72] Rates are calculated based on population totals for age-specific groups in Washington State
[73] Washington State Department of Social and Health Services. "DSHS Services and Clients – 2003" Website Accessed: http://www1.dshs.wa.gov/rda/research/clientdata/2003/defaults.shtm. Website accessed July 1, 2005

Nutrition Services

Publicly funded nutrition services in Washington include the Washington Basic Food Program (BFP), the Basic Food Nutrition Education Program (BFNEP), the Supplemental Nutrition Program for Women, Infant, and Children (WIC), Maternity Support Services, Emergency Food Assistance Program (EFAP), and the School Lunch Program.

Washington Basic Food Program (BFP)

What is the service?

The Washington Basic Food Program (BFP) aims to allow financially needy families access to a more nutritious diet by increasing their ability to afford food. BFP supplements the incomes of families by providing food assistance. BFP is administered by the Washington State Department of Social and Health Services. Benefits are made possible through the United States Department of Agriculture Food and Nutrition Services' federal food stamp program and the Washington State General Fund. http://www1.dshs.wa.gov/esa/eazmanual/Sections/PS_FedFoodAssist.htm https://wws2.wa.gov/dshs/onlinecso/food_assistance_program.asp

Basic Food Program clients may be required to register for work and participate in the Food Stamp Employment and Training program as a condition of eligibility for benefits. The program provides job search, education and training services to help Basic Food recipients find employment and achieve self sufficiency. At this time the Food Stamp Employment and Training program is only available in King County.
http://www1.dshs.wa.gov/esa/eazmanual/Sections/FSETgenrqmnts.htm

How/where is it provided?

Basic Food Program has two programs: [74]

- The Federal Food Stamp Program (FSP) provides benefits paid directly to eligible clients through Electronic Benefits Transfer (EBT) cards, which can be used at all participating grocery stores. The household net income and family size determine the amount on the EBT card.
- The Food Assistance Program for Legal Immigrants (FAP) is state funded and serves legal immigrants who are ineligible for the FSP due to citizenship status. Benefit payments are similar to FSP.

Eligibility

Household gross income less than or equal to 130% of the Federal Poverty Level (FPL). [1]
Household net income (after allowable deductions) less than or equal to 100% FPL. Additional eligibility requirements for individuals can be found at:
http://www1.dshs.wa.gov/esa/eazmanual/Sections/PS_FedFoodAssist.htm
https://wws2.wa.gov/dshs/onlinecso/food_assistance_program.asp

[74] Washington State Department of Health, Basic Food Program." Website: https://wwws2.wa.gov/dshs/onlinecso/food_assistance_program.asp

Who is receiving the service?

The following information and table come directly from the Economic Services Administration (ESA) Briefing Book and highlights the demographic characteristics of clients served. [75]

- Approximately 525,000 clients received food stamp benefits in SFY 2005.
- Children made up 42.5% of the recipients.
- Over 14% of the state's child population received food stamp benefits in SFY 2005.
- The average payment per case in SFY was $174 (on average there were 2 people per case).

Basic Food Program Client Demographics, June 2005
Source: ESA-ACES Data

Characteristic	All Clients		All Adults		All Children	
	(525,451)	Percent	(305,144)	Percent	(220,307)	Percent
Gender						
Female	292,305	55.6%	183,454	60.1%	108,851	49.4%
Male	233,119	44.4%	121,674	39.9%	111,445	50.6%
Unknown	27	0.0%	16	0.0%	11	0.0%
Race						
White	318,909	60.7%	204,435	67.0%	114,474	52.0%
Hispanic	75,212	14.3%	27,496	9.0%	47,716	21.7%
Black	45,492	8.7%	25,944	8.5%	19,548	8.9%
Asian/Pacific Islander	24,171	4.6%	16,549	5.4%	7,622	3.5%
Native American	18,946	3.6%	11,836	3.9%	7,110	3.2%
Unknown	42,721	8.1%	18,884	6.2%	23,837	10.8%
Age						
<17 years	212,431	40.4%	0	0.0%	212,431	96.4%
17-20 years	29,430	5.6%	21,554	7.1%	7,876	3.6%
21-49 years	200,269	38.1%	200,269	65.6%	0	
50-64 years	52,394	10.0%	52,394	17.2%	0	
65+ years	30,927	5.9%	30,927	10.1%	0	0.0%

Basic Food Nutrition Education Program (BFNEP)

What is the service?

The Basic Food Nutrition Education Program (BFNEP) educates those participating or eligible for the Basic Food Program on ways to eat healthy and be active. It is a partnership between the

[75] Washington State Department of Social and Health Services. "ESA Program Briefing Book." Website: http://www1.dshs.wa.gov/pdf/esa/briefbook/2005program_descriptions.pdf June 2005.

Washington State Department of Health, United States Department of Health and Human Services, and the USDA. BFNEP benefits are provided through the USDA Food and Nutrition Services, sponsored by the Department of Health, and composed of contracted government partnerships with local health jurisdictions, Tribal Organizations, as well as non-profit organizations. Activities are targeted to Basic Food Program participants. http://www.doh.wa.gov/cfh/bfnep/default.htm

How/where is it provided?

BFNEP services are provided by the contracted agency, including 12 Local Health Jurisdictions (LHJs), 11 Indian Tribal Organizations, one state agency (serving 18 local sites), and one non-profit organization.[76]

Eligibility

BFNEP contractors must demonstrate targeted activities for individuals and families participating or eligible for the Basic Food Program. [1] A federal waiver allows contractors to provide interventions to groups where at least 50% of the audience is at or below 185% FPL. Additional requirements can be found at: http://www.doh.wa.gov/cfh/bfnep/publications/BFNEP_Guidance_FFY06.pdf

Who is receiving the service?

Information from the FFY 2005 Annual Report indicates that 346,757 individuals received nutrition education services (107,115 directly and 239,642 indirectly).[1] A listing of contractors and contact information can be found at: http://www.doh.wa.gov/cfh/bfnep/publications/BFNEP_Guidance_FFY06.pdf

Supplemental Nutrition Program for Women, Infants, and Children (WIC)

What is the service?

WIC provides healthy foods, nutrition and physical activity education, breastfeeding support, health screening, and referrals to health and social services to low-income pregnant women, new mothers, infants and children under the age of five. WIC is funded by the U.S. Department of Agriculture and is operated by the Washington State Department of Health (http://www.doh.wa.gov/cfh/WIC/default.htm).

- Women (pregnant, breastfeeding and postpartum) and children receive checks to buy milk, eggs, cheese, sugar free juice, peanut butter, low-sugar, high iron cereal, and dried beans, peas and lentils. During summer months, clients can receive produce from authorized farmers markets (http://nutrition.wsu.edu/markets/index.html). Infants receive checks for high vitamin C juice and iron fortified infant cereal. For infants not breastfed, WIC provides checks for iron fortified infant formula.

[76] Washington State Department of Health, "Basic Foods and Nutrition Education Program". Website: http://www.doh.wa.gov/cfh/bfnep/publications/BFNEP_Fact_Sheet_2005.doc. Accessed 11/05

- Health screening includes client interviews, weighing and measuring, checking blood iron levels, assessing diet and eating patterns, and screening for immunization status.

How/where is it provided? [77]

WIC is provided throughout the state at migrant and tribal health centers, health departments, social service centers, hospitals, military bases, community centers and churches. In Washington there are 225 WIC sites operated by 66 WIC agencies.

Eligibility [4]

Participants must be a pregnant, breastfeeding or postpartum woman, an infant or a child under age 5with a household income at or below 185% of the Federal Poverty Level. Women and children enrolled in Medicaid are adjunctively income eligible for WIC. In addition, clients must have an identified nutrition, dietary or health need in order to be eligible for WIC.

WIC is not an entitlement program. Determination of who will be served is based on a federal priority system. Pregnant women, breastfeeding women and infants are top priority for service. Children age 1 to 5 are served next. Additionally, if funding allows, non-breastfeeding mothers are served until 6 months postpartum.

Additional requirements can be found at: http://www.doh.wa.gov/cfh/WIC/eligibility.htm

Who is receiving the service?

- In FFY 2005, over 50% of all infants born in Washington wereserved by WIC. In rural counties over 66% of all infants born were served. Approximately 270,000 women and children are served each year.

Race/Ethnicity Distribution of WIC Clients, April 2005 [4]
(Unduplicated and adjusted for King County)

Race/Ethnicity	Unduplicated Clients	Percent of WIC Clients
American Indian	8,404	4.9%
Asian or Pacific Islander	11,483	6.7%
Black	14,235	8.3%
Hispanic	55,791	32.5%
White	81,587	47.6%
Totals	171,500	100.0%

[77] Washington State Department of Health, "Women, Infant, and Child (WIC) Program". Website: http://www.doh.wa.gov/cfh/WIC/default.htm. Accessed 11/05

Income of WIC Clients as Percent of Poverty, April 2005

Percent of 2005 Federal Poverty Level	Percent of WIC Clients
No income	7.8%
1-85%	47.3%
86-105 %	12.2%
106-125%	10.6%
126-135%	4.4%
135-165%	10.6%
166-185%	4.0%
Over 185% (enrolled in Medicaid)	3.1%
Total	100%

Maternity Support Services (MSS)

What is the service?

Maternity Support Services (MSS) is a component of First Steps services provided to low income pregnant women. MSS include preventive health services by a multidisciplinary team including a Registered Dietitian (RD). The RD's role is to provide nutrition consultation to the other MSS team members in addition to screening, assessing, educating, counseling, and providing referrals to eligible clients. Currently, 60% of MSS dietitians also provide nutrition services for the Women, Infant and Children (WIC) Supplemental Nutrition Program. (See the First Steps program section for additional information). In 2003, 25,521 women on Medicaid received First Steps services. Approximately 14% of the First Steps services provided were nutrition services.[7879]

Emergency Food Assistance Program (EFAP)

What is the service?

EFAP provides support to community and tribal programs that deliver emergency food assistance. It is a program of the Washington State Department of Community, Trade, and Economic Development. Assistance comes from the Washington State General Fund and includes funding support for food banks, tribes, food purchases, and training for food bank staff. http://cted.wa.gov/portal/alias__cted/lang__en/tabID__271/DesktopDefault.aspx

[78]Cawthon, L. Maternity Support Services and Maternity Infant Case Management Use by Women with Medicaid-paid Births in 2003, Washington State Department of Social and Health Services First Steps Database, 4/18/05.
[79]Conlon, D. Medical Assistance Administration First Steps Procedures by Procedure Code and Date of Service, Fiscal Years 2003-2005 Dates of Service. Washington State Department of Social and Health Services, 7/29/2005.

How/where is it provided?

Eligibility [1]

- Food Banks are eligible for assistance if they've been operational for at least one year, meet matching requirements, and do not charge a fee for services. Additional requirements can be found at:

http://cted.wa.gov/portal/alias__cted/lang__en/tabID__277/DesktopDefault.aspx

- Tribes are eligible for assistance if they are federally recognized or are a non-profit organization, meet match requirements, and do not charge for services. Additional requirements can be found at:

http://cted.wa.gov/portal/alias__cted/lang__en/tabID__277/DesktopDefault.aspx

Who is receiving the service?

A listing of contractors and contact information can be found at:
http://cted.wa.gov/portal/alias__cted/lang__en/tabID__277/DesktopDefault.aspx

School Lunch Program Services

What is the service?

- The National School Lunch Program is a federally-assisted meal program, offering low-cost/free nutritious meals to students in school. As of 1998, snack reimbursement during after-school programs is also included. The program also provides nutritious meals to students in public, private and residential child care institutions (RCCIs).
- Websites:
  - www.k12.wa.us/ChildNutrition/
  - http://www.fns.usda.gov/cnd/lunch/default.htm

How/ where is the service provided?

- Washington has 382 Local Education Agencies (LEA's) providing free and reduced meals at [80]
  - 278 public school districts
  - 46 private schools
  - 58 residential schools
- Various state education agencies operate with LEAs
- During the 2004-05 school year, participating schools received the following cash subsidies (free lunches: $2.24; reduced price: $1.84; paid lunches: $0.21; free snacks: $0.61; reduced-price snacks: $0.30; paid snacks: $0.05) from the US Department of Agriculture for every meal served that met the federal nutritional requirements. Schools also receive donated goods ("entitlement" foods: $17.25/each meal served and extra commodities) from surplus agricultural stocks. Additionally, LEAs can receive

[80] Office of Superintendent of Public Instruction, "A Partnership education: Child Nutrition Programs Washington State 2005".

reimbursement for after-school snacks served to children up to the age of 18 years that participate in educational or enrichment programs.

- Nutritional requirements: <10 percent of calories from saturated fat, ≤ 30%of calories from fat overall, and one-third of "Recommended Dietary Allowances" of calories, protein, Vitamins A and C, iron, and calcium.
- As long as federal requirements are satisfied, the particulars can be determined by each school.

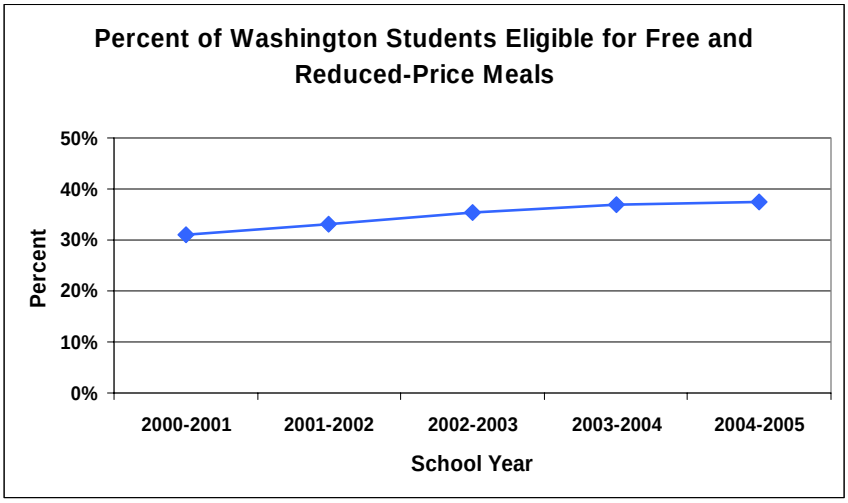
Eligibility [81]

- Students in households at or below 130% FPL (Federal Poverty Level) can receive free meals.
- Students in households from 130% - 185% FPL can receive reduced-price meals (charged no more than $0.40/each).
- Students in households > 185% FPL receive full price meals which can be subsidized.
- Same eligibility requirements hold for snacks unless ≥ 50% of children in the program are eligible, then all snacks are free.

Who is receiving service?

Public School Free/Reduced-Price Lunch, School Year 2004-2005 [2, 82]

Year	*Total K-12 School Enrollment*	*# Free/Reduced Lunch Applications*	*% Eligible for Free/Reduced Lunch*
2004-2005	1,000,780	375,427	37.5%



National School Lunch Program, Public Schools Only, School Year 2004-2005 [2, 4]

[81] USDA, Nutrition Program Facts, Food and Nutrition Service, "National School Lunch Program", Website accessed: http://www.fns.usda.gov/cnd/Lunch/default.htm Accessed 8/05

[82] Office of Superintendent of Public Instruction, Child Nutrition Services, "*Child Nutrition Programs Washington State 2005*".

Districts on National School Lunch Program	278
Districts not on National School Lunch Program	18
School/sites on National School Lunch Program	1,927
School/sites not on National School Lunch Program	19
Average Daily Participation, October 2004	478,940
Children with Access to Lunch	1,000,142
Children without Access to Lunch	10,646
TOTAL	1,010,788

Nutrition Services Issues/Concerns

- While food security has improved in Washington over the past few years, on average from 2002-2004, 12.0% of Washingtonians were food insecure and 4.3% were food insecure with hunger.[83]
- In 2003, about 60% of the estimated eligible population in Washington received food stamp benefits. The USDA performance target for 2010 is 68%.[84]
- WIC also helps address food insecurity and hunger among pregnant women and young children, but it is not an entitlement program and limited funding prohibits WIC from serving all eligible clients. Unpredictable increases in food costs also impact WIC's ability to meet client need.
- In many areas of Washington, WIC agencies are not able to serve postpartum women due to funding limitations. This is unfortunate since research indicates that future births are healthier when mothers are served until 6 months post-partum.
- Increasingly limited local government and community funding has begun to impact the ability of local WIC providers to meet community needs and has influenced the reach of the Basic Food and Nutrition Education Program.
- Promoting nutrition and health among food support programs remains challenging on many fronts.
    - The Basic Food Nutrition Education Program promotes connections between food availability, nutrition and physical activity. Yet, current USDA guidelines limit both the amount of time that the Basic Food Nutrition and Education Program can devote to promoting physical activity and to policy and environmental change activities related to nutrition and physical activity.
    - Enforcement of nutritional standards for the school lunch program have emphasized reducing the amount of dairy and hi-fat proteins in recent years.[85]

[83] Household Food Security in the United States, 2004.
[84] Castner LA, Shirm AL. Reaching those in Need: State Food Stamp Participation Rates in 2003. United States Department of Agriculture, Food and Nutrition Services, November 2005. http://www.fns.usda.gov/oane/menu/Published/FSP/FILES/Participation/reaching2003.pdf
[85] CNN "Officials, experts grapple with school lunch programs". Posted December 11, 2003. Website: http://www.cnn.com/2003/EDUCATION/12/11/school.lunch.ap/. Accessed 4/15/05

Oral Health Services

What are the services?

Several publicly funded programs and services throughout the state aim to increase access to preventive and treatment activities. A brief overview of them is provided below.

Oral Health Education, Promotion, and Prevention Programs

- WA State Oral Health Program Website. The WA State Oral Health Program maintains a website with educational and evidence-based information on oral health issues. The program promotes the use of Bright Futures oral health messages, in conjunction with other general health messages, to pregnant women, children and adolescents. Website: http://www.doh.wa.gov/cfh/mch/cahcp/oral_health.htm
- University of Washington (UW) Oral Health Collaborative. The UW Oral Health Collaborative is an outreach component of the Dental Hygiene Program that creates and delivers models for oral health education and prevention. The models involve local partners and can be replicated and sustained at the community level to improve the oral health of underserved children.
- UW School of Dentistry Pipeline, Practice, and Profession: Community–Based Dental Education. The UW School of Dentistry conducts a project to increase access to dental care for underserved populations by increasing recruitment and retention of disadvantaged and underrepresented minority students into dentistry.
- UW Community-Based Clinical Training. The UW School of Dentistry provides an opportunity for UW 4th year dental students to provide care in more than 15 community-based clinics statewide, including Seattle, Yakima Valley, Southwest Washington and Bellingham.

Oral Health Services

- State Oral Health Program and Local Health Jurisdictions. The State MCH Oral Health Program contracts with 35 Local Health Jurisdictions (LHJs) to provide preventive dental services that include: oral health education, school-based sealants, screening for oral health needs and treatment, referrals to insurance programs and to local dental providers for services, etc. DOH website with access to LHJs under construction.
- Community and Migrant Health Centers (CMHCs). CMHCs provide health care services to uninsured, underinsured and low income clients with Medicaid or the Basic Health Plan. There are 25 CMHCs, (including 5 look-alikes) with a total of 135 sites, 58 of which offer dental services. There are also 21 free clinics, 3 of which provide dental services. (See Safety Net Services chapter for additional information). http://www.wacmhc.org/
- Tribal Health Clinics: Out of the 29 federally recognized tribes, there are 23 Tribal Health Clinics that provide dental services in Washington State. (See Safety Net Services chapter for additional information).

- Clinics at Dental Professional Training Programs. Dental clinics typically serving low income clients are operated by the University of Washington, eight Dental Hygiene and 8 Dental Assisting schools in Washington.
- UW Dental Education in the Care of Persons with Disabilities (DECOD). DECOD treats persons with severe disabilities and prepares dental professionals to meet their special oral health needs. DECOD also includes a mobile dental van for residents of long-term care facilities and the homebound. http://www.dental.washington.edu/departments/oralmed/decod/
- Mobile Dental Vans. Mobile Dental Vans provide dental care to community residents in areas which do not have access to care. Some vans are operated by: the Northwest Medical Teams (3 vans), Yakima Valley Farm Workers Clinic, Olympic Community Action Program, DECOD, and the Free Clinic of SW Washington's Mobile Clinic.
- Volunteer groups. Many community professionals and organizations (charitable, religious, etc.) provide dental services on a voluntary basis for the underserved, often in connection with local dental professional societies.
- Medicaid. Under Health Services Recovery Administration, Medical Assistance pays for covered dental and dental-related services for children and adults. Children's services include the Access to Baby and Child Dentistry Program (ABCD) http://fortress.wa.gov/dshs/maa/ProvRel/Dental/Dental.html
- Kids Get Care. Operated by Seattle-King County, Kids Get Care promotes early integrated preventive physical, oral and developmental health services to children regardless of insurance status through attachment to a dental home. http://www.metrokc.gov/health/kgc/
- Sea-Tac Smiles. The King County Health Action Plan developed this project to test a model for increasing low-income residents' access to dental services by building capacity at dental assisting schools and providing community-based dental training for students through a full-time clinic. http://www.metrokc.gov/health/kgc/smiles.htm

How/where are the services provided?

- These programs and services provide either preventive or treatment opportunities in diverse settings throughout the state.

Eligibility

- Most of these services focus primarily on low-income MCH groups.

Issues/concerns

- Washington children suffer more tooth decay than the rest of the nation, a problem that is exacerbated by the lower rate of fluoridated public water systems in the state.
- Additional partnerships among providers, public health and communities are needed to help improve the oral health status of Washingtonians.

Safety Net Services

What is the service?

- The Institute of Medicine defines safety net providers as "those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients."[86] In Washington State, safety net providers offer primary care, dental and mental health services. While there is some variation, clinics primarily serve clients enrolled in Medicaid, Medicare, or Basic Health, or who are uninsured.
- Safety net providers include Community and Migrant Health Centers, Free or Charity Care Clinics, Public Health Clinics, Rural Health Clinics, residency programs, public hospitals, and tribal clinics.[87]
- 2002-2003 estimates of Washington State's primary care physician safety net capacity[88] indicate that out of approximately 1,800 FTEs (excluding King and Pierce counties, as data are not yet available)
    - 71% of private practice physician capacity is not in a safety net role
    - 16% of physician capacity is in Rural Health Clinics
    - 9% of physician capacity is in Community and Migrant Health Centers
    - 2% of physician capacity are in tribal clinics and 2% are in residency programs
    - Physician capacity by clinic type varies considerably by urban and rural counties. Rural counties tend to have a lower percentage (42%) of private practice, a higher (44%) of physician capacity in Rural Health Clinics, and physician capacity not in a safety net role. See *Washington's Primary Care Safety Net: Structure and Availability* for more information.

How/where is the service provided?

Community and Migrant Health Centers (CMHCs)

- Many CMHCs receive federal funding and are referred to as Federally Qualified Health Centers (FQHCs)
- Many CMHCs also receive state funding through the Community Health Services Program, based out of the Washington State Health Care Authority
- CMHCs focus on providing services to those who are underinsured or have Medicaid or Basic Health
- CMHCs are second only to the emergency room in providing care to the uninsured in most communities
- There are approximately 100 clinic sites in Washington, 80 with dental care, and 30 with mental health/wellness services

[86] Institute of Medicine, *America's Health Care Safety Net: Intact but Endangered*. 2000. http://www.nap.edu/books/030906497X/html/21.html
[87] Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc
[88] Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc. Physician capacity is defined as the total FTE (1 FTE = 40 hours a week of direct patient care).

Free or Charity Care Clinics

- Operated by community service organizations or churches, with donated labor and materials
- Some clinics receive state funding through the Community Health Services Program
- Approximately 20 free or charity clinics in Washington

Public Health Clinics

- Public Health Seattle-King County has four primary medical care and five dental clinics, which primarily provide preventive care and care for the homeless
- Most of Washington's local health jurisdictions do not provide direct medical care

Rural Health Clinics (RHCs)

- Located outside urbanized areas in Health Professional Shortage Areas
- Clinics receive enhanced reimbursement for Medicaid and Medicare patients
- As of March 2004, there were 106 Federally Certified Rural Health Clinics in Washington State
- The number of RHCs has steadily increased over the past three years. This increase is expected to continue over the next 3-5 years.
- Most clinics limit sliding fee and charity care to less than 5% of total patients seen

Primary Care Residency Programs

- Located in Bremerton, Olympia, Seattle, Spokane, Tacoma, Vancouver, Yakima, Colville and Goldendale.
- Programs provide training to resident physicians as part of their post-graduate education
- The program has not grown, and may contract over time. This may be due to the decreasing percentage of medical students entering primary care, the increased malpractice insurance costs, and difficulty matching residents with open residency slots.

Tribal Health Clinics

- Of the 29 federally recognized tribes in Washington State, 23 operate tribal health clinics
- Four of these clinics are operated by the Indian Health Service and are open only to tribal members
- The remaining clinics (operating under federal Indian Self-Determination and Education Act) increasingly rely on Medicare, Medicaid, other third-party revenue sources, and revenue from tribal enterprises.[89] Some of these clinics are open to non-members.

Eligibility

Safety Net clinics primarily serve clients enrolled in Medicaid, Medicare, or Basic Health, or who are uninsured.

[89] Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc.

Who is receiving the Service?

Community and Migrant Health Centers (CMHCs), that are Federally Qualified Health Centers (FQHCs) [90]***:***

Number of Visits and Clients at FQHCs in Washington State, 2003:

	# visits	**# clients**
Medical Service	1,409,514	396,994
Dental Service	389,026	156,468
Mental Health Services	21,923	8,174
Total	**1,820,463**	**561,636**

Number of Pregnant Clients at FQHCs in Washington State, 2003: **12,591**

Age and Sex of Clients at FQHCs in Washington State, 2003:

Age	**Female**	**Male**	**Total Number Served**
0-4	49.6%	50.4%	60,172
5-14	50.3%	49.7%	92,850
15-17	57.2%	42.8%	23,402
18-19	64.7%	35.3%	15,851
20-44	61.4%	38.6%	208,574
45-64	58.3%	41.7%	83,780
65+	60.6%	39.4%	22,064
Total	**57.3%**	**42.7%**	**506,693**

Race and Ethnicity of Clients at FQHCs in Washington State, 2003:

Race/Ethnicity	**Number**	**Percent**
Hispanic	188,481	37.2%
Caucasian	221,744	43.8%
Black	27,997	5.5%
Native American or Alaska Native	8,470	1.7%
Asian or Pacific Islander	32,731	6.5%
unreported	27,270	5.4%
Total	**506,693**	**100.0%**

[90] Data provided by the Washington Association of Community and Migrant Health Centers. Data provided include 19 of the 23 FQHC grantees in Washington. The total number of clients may have clients counted more than once, since a single patient may receive medical, dental or mental health services. Utilization counts may also include duplicates.

Payment Type of Clients at FQHCs in Washington State, 2003:

Payment Type	Number	Percent
Sliding Scale/uninsured	183,403	36.2%
Medicaid	194,462	38.4%
Basic Health	46,332	9.1%
Medicare	21,599	4.3%
Private Insurance	60,897	12.0%
Total	**506,693**	**100.0%**

Community Health Services

- Data on clinics that receive Community Health Services Program funding are available at http://www.hca.wa.gov/chs/doc/ar2004.pdf through the Washington State Health Care Authority (http://www.chs.hca.wa.gov/)

Free or Charity Care Clinics

- Approximately 40,000 patient visits in 2003.[91] These data are not regularly collected.

Public Health Clinics

- For information on clients served in the Health Care for the Homeless program, see the 2003 annual report at http://www.metrokc.gov/health/hchn/2003-annual-report.pdf.

Tribal Health Clinics

- See the American Indian Health Commission for Washington State website for a summary report of services available for federally recognized tribes: http://www.aihc-wa.org/AIHCDP/AIHCDP/2003_AIHCDP/Profiles.pdf .

Rural Health Clinics (RHC)

- Estimated 1.62 million patient visits to the 102 RHCs open in 2002.[92]
- RHCs had a median of 18% of visits from Medicaid patients, and 25% of visits from Medicare patients. [93]

Primary Care Residency Programs

- Compared with private providers, the programs often accept more publicly insured or uninsured patients[94]

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[91] Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc

[92] *Rural Health Clinic Report (not yet released).* Washington Area Health Education Centers.

[93] *Rural Health Clinic Report (not yet released).* Washington Area Health Education Centers.

[94] Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc

Issues/Concerns

- The percentage of the state's uninsured population being seen at CMHCs has increased from 31% in 2000 to 33% in 2003.[95] CMHC funding is not adequate for the increase of uninsured residents. The growth rate of CMHCs is expected to slow or contract over the next 2-3 years.[6]

- Several sources of information exist with respect to medical access for Medicaid clients, but the state has no source of information about overall access to care. Many providers do not accept Medicaid clients for care, although this problem is difficult to quantify. Information based on Medicaid databases has indicated generally stable, if problematic, access patterns statewide with some local areas of increasing access issues. Medicaid databases do not indicate an overall increasing concentration of visits in the FQHS sector of providers.

[95] Kavoussi, Rebecca, Burchfield, Erin *Stretching the Safety Net: The Rising Uninsured at Washington's Community Health Centers.* Save Health Care in Washington. December, 2004. http://www.savehealthcareinwa.org/wedo/research/rsrch00001-exec.php

School-Based Health Centers (SBHC)

What is the service?

- School based health centers (SBHCs) provide primary preventive care to middle and high school students. Centers allow students to receive medical care in a teen-friendly environment, offering both medical and socio-emotional services
- Benefits include minimizing the healthcare gap among uninsured students, improving access to health care, reducing out of school time, and providing helpful socio-emotional resources to students.
- Websites:
    - King County: www.metrokc.gov/health/yhs/index.htm
    - www.healthinschools.org/sbhcs/
    - Kitsap County: http://www.kitsapcountyhealth.com/community_health/health_promotion/adolescent_health.htm#spectrum

How/where is the service provided?

- School-based services are located on school grounds, and serve as a point of first contact for students.

King County

- Currently, there are 16 SBHCs in rural, suburban, and urban settings of Seattle-King County
    - 10 in Seattle high schools
    - 4 in Seattle middle schools
- Centers are partnerships between Seattle Public schools, Public Health Seattle & King County, The City of Seattle, and various community health care organizations.
- Centers are staffed by multidisciplinary teams including at least: school nurse, mental health counselor, nurse practitioner, and program coordinator/receptionist
- Services focus on prevention in the following three areas: health education, physical health, and mental health
- Funding has come from the Seattle Families and Education Levy. This voter-approved initiative began in 1990.

Kitsap County

- Spectrum School Based Clinic opened in September 2003 (school year 2003/2004)
- Center is staffed by a family nurse practioner, health educator, school nurse, and mental health therapist in association with the school's counselor, principal, teachers, staff, and intervention specialist
- Services focus on prevention and addressing the barriers to health care seen in this rural area
- Center is a partnership between Spectrum SBHC and North Kitsap School District, Kitsap County Health District, Port Gamble S'Klallam Tribe, Kitsap Mental Health, and community

- Presentations have been made to Pierce County on the success of the Spectrum SBHC; plans are being made for future presentations. Plans are also underway with Bremerton School District in exploring the feasibility of a school based health clinic.

Eligibility

- All students enrolled in schools with health centers are eligible
- Written parental consent is required except in situations where federal and/or state laws allow youth to access such treatment without parent/guardian consent.

Who is receiving the service?

Demographic Characteristics, Seattle School Based Health Centers, Academic Year 2002-2003
96, 97

High School

- Unduplicated users: 3,707
- Total school enrollment = 12, 036
- Percent of school enrolled in SBHC= 31%
- Percent of SBHC-enrolled students using services = 52%
- 4.8 visits per student per year on average

- Of 3,707 unduplicated users, services are received by:
  - Grade 9 = 18%
  - Grade 10 = 27%
  - Grade 11 = 27%
  - Grade 12 = 22%
  - Unknown = 6%

- *Female:* 79%
- *Race/ethnicity*:
  - White = 33%
  - African American = 30%
  - Asian/PI = 20%
  - AIAN = 2%
  - Hispanic/Latino = 8 %
  - Multiethnic = 2%
  - Other unknown = 5%

Middle School

- Unduplicated users: 779
- Total school enrollment = 2,770
- Percent of school enrolled in SBHC= 28%
- Percent of SBHC enrolled students using services = 45%
- 4.3 visits per student per year on average

- Of 779 unduplicated users, services received by:
  - Grade 6 = 23%
  - Grade 7 = 35%
  - Grade 8 = 42%

- *Female:* 59%
- *Race/ethnicity*:
  - White = 31%
  - African American = 36%
  - Asian/PI = 14%
  - AIAN = 1%
  - Hispanic/Latino = 12%
  - Other unknown = 6%

[96] "Youth Health Services Annual Report 2002-2003", Public Health: Seattle & King County, Website: http://www.metrokc.gov/health/yhs/yhs-2002-2003-report.pdf Accessed 5/3/05
[97] "Seattle's School-Based Health Centers", Public Health: Seattle & King County, Website: http://www.metrokc.gov/health/yhs/thc.htm Accessed 5/3/05

Demographic Characteristics, Spectrum Clinic in Kitsap County, 2004 Totals [98]

High School and Middle School

- Unduplicated Users = 78
- Total School Enrollment = 120
- Percent of students enrolled in SBHC = No distinction made between students enrolled and students using SBHC services.
- Percent of enrolled students using SBHC services = 65%
- Served 10th, 11th, and 12th graders as well as 7th, 8th, and 9th graders from Kingston Jr. High.
- *Female* = 59%
- Ethnicity breakdown = Do not break down by ethnicity. Served White, Native American, African American, Hispanic, and Mixed Race students.

Issues/concerns [99,100]

- Continued voter support of funding by "Seattle Families & Education Levy" is needed
- Expansion of funding base including alternative funding mechanisms for support of SBHC in Kitsap County is needed
- Expansion of SBHCs beyond Seattle-King County including expansion throughout Kitsap County is needed
- School populations being served should be expanded

[98] Kitsap County Health District. Website: http://www.kitsapcountyhealth.com/community_health/health_promotion/spectrum
[99] The Center for Health and Health Care in Schools, "National Survey of State SBHCs, 2001-2002". Website: www.healthinschools.org/sbhcs.asp. Accessed 4/20/05
[100] Manager, Youth Health Services", Linda St. Clair,, Public Health, Seattle&King County. June 2005.

Sexually Transmitted Disease and HIV Services

What is the service?

- Publicly funded Sexually Transmitted Disease (STD) services in Washington state assist at local, state, and community levels, in the prevention and control of STD outbreaks; including HIV, Chlamydia, Syphilis, Gonorrhea, Herpes-simplex initial genital infection, and other rare STDs.
- The Department of Health has two programs: Sexually Transmitted Disease Program and HIV Program

STD Program Components

- Surveillance
- Laboratory screening
- Partner notification
- Patient management
- Risk Reduction
- Professional development

HIV Program Components

- Surveillance and Assessment
- HIV counseling, testing and partner notification
- Health education/Risk Reduction
- Community Planning
- Early Intervention Program
- Ryan White Care Services
- Title XIX HIV Case Management System

- STD Services:
  - Pregnant women are routinely screened in obstetric settings for syphilis to prevent transmission to infants. Most obstetric providers do Chlamydia and Gonorrhea screening as part of prenatal care.
  - Infertility Prevention Project: Screening of about 78,000 women for Chlamydia at approximately 140 clinics
  - Over 300,000 educational materials distributed annually around the state
- STD Program website: http://www.doh.wa.gov/cfh/STD/
  - Annual reports:
    - STD Morbidity: http://www.doh.wa.gov/cfh/STD/morbidity.htm
    - County Profiles: http://www.doh.wa.gov/cfh/STD/countyprofile_bob.htm
- HIV Services:
  - HIV Testing and Counseling is made reasonably available by each local health department
  - HIV Prevention Services are provided for persons at high risk of infection by local health departments and community-based organizations
  - Early Intervention Program (EIP) provides healthcare needed for people with HIV, including: prescription medications, medical visits and tests, help with health insurance and premiums, and assistance with Medicaid payments
  - Ryan White Care Services are supportive services for people living with HIV, including case management, mental health and substance abuse counseling, housing services, access to food and emergency financial services.
- HIV Program website: http://www.doh.wa.gov/hiv.htm
- In May of 2002 the Washington State Board of Health adopted revised rules on AIDS counseling for pregnant women. The new rules reduce barriers to routine HIV testing of pregnant women consistent with the recommendations of the Centers for Disease Control and Prevention, the Institute of Medicine, and other leading organizations.

How/where is the service provided?

- STD Services are provided by local health departments, community-based organizations, and STD clinics throughout Washington (see http://www.doh.wa.gov/cfh/STD/facility.htm)
- HIV prevention services, including counseling and testing are provided through local health departments and community-based organizations (see http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/lhjlist.htm)
- EIP services can be accessed through public health clinics and contracted medical providers.
- Ryan White Care Services are provided by local health departments and community-based organizations (see http://www.doh.wa.gov/cfh/HIV_AIDS/client_svcs/default.htm)
- Maternal HIV management consultation is available at http://www.aidsinfo.nih.gov; at CDC hotline 1-800-342-AIDS; at Northwest Family Center 206-731-5100; and on Perinatal hotline 888-448-8765.

Eligibility

- STD Services: No eligibility requirements; anybody in need of services can receive them. Cost of services varies by clinic.
- HIV Prevention services are provided based on risk of HIV. Some services are on a sliding fee scale.
- EIP Program eligibility requirements:
  - Have HIV and living in Washington
  - Gross monthly income of <= $2,393 per single person
  - Resources <=$10,000 (not including home, retirement funds, or car)
- Ryan White Care Services are provided to anyone with HIV living in Washington.

Who is receiving the service?

Clients Receiving STD and HIV Services by Gender and Female Age, Race and Ethnicity at clinics receiving some public funding[101]

(Note: Columns are not mutually exclusive. Numbers should not be totaled across columns)

	STD Testing[102]		**STD/HIV Health Education**[103]				**HIV Testing**[104]	
	Infertility Prevention Project (IPP)		Title X		State-Funded			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender								
Female	77,524	88%	74,018	93%	22,210	93%	9,700	34%
Male	10,147	12%	5,919	7%	1,791	7%	19,074	66%
Total	87,671	100%	79,937	100%	24,001	100%	28,853	100%

[101] Washington State Department of Health, Infectious Disease and Reproductive Health Assessment. 8/05

[102] Clients that were screened and tested for Chlamydia and gonorrhea in family planning clinics, Planned Parenthood offices, reproductive health clinics, student health clinics, juvenile detention centers and categorical STD clinics in 2004.

[103] Clients that were provided health education to prevent STDs and/or HIVat family planning agencies in 2004.

[104] Clients that were counseled and tested for HIV at publicly-funded test sites, including HIV counseling and testing sites; STD clinics; drug treatment centers; family planning clinics; TB clinics; prisons/jails; hospitals; field visits; and Community Health Centers. Data come from the Washington State HIV counseling and testing system data, 2004. A slight difference in the total females served is due to differences between time of reporting. Age-specific information is current as of 8/16/05.

	STD Testing[105]		STD/HIV Health Education[106]				HIV Testing[107]	
	Infertility Prevention Project (IPP)		Title X		State-Funded			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female Only								
Age								
15 and under	3,201	4%	2,787	4%	253	1%	319	3%
16-17	10,020	13%	8,213	11%	2,617	12%	599	6%
18-19	15,792	20%	13,071	18%	3,930	18%	849	9%
20-24	33,158	43%	26,749	36%	8,433	38%	2303	24%
25-29	7,146	9%	11,628	16%	3,884	17%	1504	15%
30-39	6,143	8%	8,666	12%	2,441	11%	2015	21%
40+	2,064	3%	2,904	4%	652	3%	2153	22%
Race							Not Available	
White	52,820	72%	57,477	80%	16,385	78%		
Black	5,324	7%	2,746	4%	1,065	5%		
AIAN[108]	1,153	2%	1,122	2%	245	1%		
Asian	4,493	6%	2,786	4%	1,064	5%		
NHOPI[109]	933	1%	805	1%	290	1%		
Other	6,247	8%	5,258	7%	890	4%		
Multiple	2,666	4%	1,624	2%	1,147	5%		
Ethnicity								
Hispanic	11,352	16%	9357	13%	1,331	7%		
Non-Hispanic	60,794	84%	64661	87%	18,653	93%		

Issues/concerns

- Chlamydia was at a record high in Washington State in 2004, further reinforcing the need for screenings, since most people who are affected are asymptomatic. [110]
- Increasing proportion of HIV cases are among women and communities of color.
- Increasing number of people living with HIV.

[105] Clients that were screened and tested for Chlamydia and gonorrhea in family planning clinics, Planned Parenthood offices, reproductive health clinics, student health clinics, juvenile detention centers and categorical STD clinics in 2004.
[106] Clients that were provided health education to prevent STDs and/or HIVat family planning agencies in 2004.
[107] Clients that were counseled and tested for HIV at publicly-funded test sites, including HIV counseling and testing sites; STD clinics; drug treatment centers; family planning clinics; TB clinics; prisons/jails; hospitals; field visits; and Community Health Centers. Data come from the Washington State HIV counseling and testing system data, 2004. A slight difference in the total females served is due to differences between time of reporting. Age-specific information is current as of 8/16/05.
[108] American Indian/Alaska Native
[109] Native Hawaiian/Other Pacific Islander
[110] 2004 STD Morbidity Report, Infectious Disease and Reproductive Health Office, Washington State Department of Health, 2005.

Chemical Dependency Prevention Services for Youth in Washington State

What are the services?

- Division of Alcohol and Substance Abuse (DASA) is the state agency providing both publicly-funded treatment and prevention services for chemically depended adolescents and their families. Both drug and alcohol abuse and dependencies are addressed.
- The following provides a summary of DASA Prevention Best Practices Programs offered around Washington State. There are additional programs offered through other agencies that are not addressed here.

All Stars

The All Stars program comes in two formats: middle school classroom format and community-based format. Each format reinforces the belief that risky behaviors are not normal or acceptable by the adolescent's peer group; cultivates the belief that risky behaviors do not fit with the youth' personal ideals and future aspirations; creates strong voluntary personal and public commitments to not participate in risky behaviors; strengthens relationships between the adolescent, social institutions, and significant adults; and helps parent to listen to their children, communicate clear no-use expectations about alcohol and other drugs, and support their children in working towards positive life goals.

Communities That Care

The Communities That Care (CTC) process is an operating system that provides research-based tools to help communities mobilize to promote the positive development of children and youth and to prevent adolescent problem behaviors that impede positive development including substance abuse, delinquency, teen pregnancy, school dropout, and violence.

Counter-Advertising

Research and experience demonstrate that adolescents develop attitudes, beliefs, and behaviors regarding tobacco use from peers, family members, television, and other cultural sources. Adolescents often think that tobacco use is more widespread and universally acceptable than it actually is. Advertising links tobacco use with peer acceptance, success, and good times. Media messages that promote negative images about tobacco use, reveal the number of teens who actually use tobacco, and address the unacceptableness of tobacco use should help change these perceived norms.

Creating Lasting Connections (CLC)

Creating Lasting Family Connections (CLFC) is a comprehensive family strengthening, substance abuse, and violence prevention curriculum that has scientifically demonstrated that youth and families in high-risk environments can be assisted to become strong, healthy, and supportive people. Program results, documented with children 11 to 15 years, have shown significant increases in children's resistance to the onset of substance use and reduction in use of alcohol and other drugs. CLFC provides parents and children with strong defenses against environmental risk factors by teaching appropriate skills for personal growth, family enhancement, and interpersonal communication, including refusal skills for both parents and youth.

Incredible Years

Short term objectives for parents are to improve communication skills with their children, improve limit-setting skills by means of nonviolent discipline techniques, improve their own problem-solving skills, and learn effective methods of anger management. For children, short term objectives include reduction of the frequency and number of conduct problems and improvement of prosocial skills.

Keep A Clear Mind

Keep A Clear Mind (KACM) is a parent/child substance abuse prevention program for families with children in grades four through six. This home-based program developed by the University of Arkansas uses a correspondence format and consists of four weekly lessons on alcohol, tobacco, marijuana, and tools to avoid drugs. KACM's overall goal is to increase parent/child communication regarding drug prevention and to develop specific youth beliefs and skills to refuse and avoid "gateway" drug use.

Leadership and Resiliency

The Leadership and Resiliency program is an evidence-based prevention and intervention modality affiliated with the Fairfax-Falls Church Community Services Board, Alcohol and Drug Services. The program focuses on enhancing the internal strengths and resiliency in youth, while preventing involvement in substance abuse and violence, using a three-tiered approach that involves clinical process groups, alternative activities, and community service projects. The Leadership and Resiliency program successfully reduces disciplinary problems while improving both school bonding and grades of high school youth.

Life Skills Training Program

The Life Skills Training universal classroom program is designed to address a wide range of risk and protective factors by teaching general personal and social skills in combination with drug resistance skills and normative education. The program consists of a 3-year prevention curriculum intended for middle school or junior high students. It contains 15 periods during the first year, 10 booster sessions during the second, and 5 sessions during the third. Three major content areas are covered by the Life Skills Training program: drug resistance skills and information, self-management skills, and general social skills.

Mentoring: Big Brothers/Big Sisters

Big Brothers/Big Sisters (BBBS) is a community mentoring program which matches an adult volunteer, known as a Big Brother or Big Sister, to a child, known as a Little Brother or Little Sister, with the expectation that a caring and supportive relationship will develop. Hence, the match between volunteer and child is the most important component of the intervention. Equally important, however, is the support of that match by the ongoing supervision and monitoring of the match relationship by a professional staff member. The professional staff member selects, matches, monitors, and closes the relationship with the volunteer and child, and communicates with the volunteer, parent/guardian, and the child throughout the matched relationship.

NICASA Parent Project

The Parent Project was designed specifically to meet the needs of working parents in the workplace environment to address issues of effective parenting. The goals of the program are to enrich family relationships and promote healthy environments that build resistance to social and personal dysfunction. Specifically, it focuses on the need to: establish supportive networks among working parents; improve parent/child relationships; increase ability to balance work and family life; improve corporate climate for workers; and improve parent skills in preventing and identifying substance abuse problems in themselves and their children.

Nurturing Program

The Nurturing Parenting Programs are validated, family-centered programs designed to build nurturing skills as alternatives to abusive parenting and child rearing attitudes and practices. The ultimate outcomes are to stop the generational cycle of child abuse by building nurturing parenting skills; reduce the rate of recidivism; reduce the rate of juvenile delinquency and alcohol abuse; and lower the rate of multi-para teenage pregnancies.

Parent and Family Skills Training (general)

Family functioning, structure, and values have a significant impact on children's capacity to develop prosocial skills and cope with life's challenges. Parent and family skills training can provide parents and family members with new skills. These skills enable families to better nurture and protect their children, help children develop prosocial behaviors, and train families to deal with particularly challenging children.

Parenting Skills Program

Primary program objectives are to teach parents communication skills and child management skills that will result in improved parent-child relationships and foster good psycho-social adjustment in the children. Parent use of these skills is related to freedom from drug and alcohol abuse, delinquency, teen-aged pregnancy and school dropout. Improved academic performance and pro-social skills are expected.

Positive Action

Positive Action is a recognized, research-based proven effective program that is an integrated, comprehensive, coherent program for schools, families, and communities that improves the academic achievement and multiple behaviors of children and adolescents. It is a K-12 age appropriate curriculum, a climate program, a family curriculum and parent involvement program, a community involvement program, and an after-school program. It is intensive, with lessons at each grade level from Kindergarten through 12th grade that are reinforced all day, school-wide, at home and in the community. All components can stand alone and are useful in a variety of settings besides schools. The program is easy to use. All the lessons and materials, that are colorful, interesting and meaningful, are completely planned and prepared, ready for use. Quality training ensures high level implementation. Effects cover multiple behavioral and achievement domains.

Preparing for the Drug Free Years (PDFY)

Preparing For The Drug Free Years (PDFY) is a multi-media program developed by David Hawkins, Ph.D. and Richard Catalano, Ph.D. that provides parents of children in 4th through 8th grades the knowledge and skills they need to guide their children through early adolescence. The program aims to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding in the family, and teach skills to parents and children to successfully meet the expectations of their family and resist drug use.

Project ALERT

Project ALERT is a school-based, social resistance approach to drug abuse prevention. The curriculum specifically targets cigarettes, alcohol, and marijuana use.

Project Northland
The goal of Project Northland is to prevent or reduce alcohol use among young adolescents by using a multilevel, community-wide approach. Conducted in 24 school districts in northeastern Minnesota since 1991, the intervention targets the class of 1998 (sixth-grade students in 1991). The program consists of: social-behavioral curricula in schools, peer leadership (designed to increase peer pressure resistance and social competence skills), parental involvement/education (to provide parental support and modeling), and community-wide task force activities (designed to change the larger environment).

Project SUCCESS
Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) [an adaptation of the Residential Student Assistance Program model] prevents and reduces substance use among high-risk, multiproblem high school adolescents. Developed and tested with alternative school youth 14 to 18 years old, the program places highly trained professionals in schools to provide a full range of substance use prevention and early intervention services.

Project Towards No Drug Abuse
Project Towards No Drug Abuse (TND) includes 12 classroom-based lessons, approximately 40 to 50 minutes each, designed to be implemented over a four-week period, although they could be spread out over as long as five weeks on the condition that all lessons are taught. The instruction to students provides detailed information about the social and health consequences of drug use and addresses topics including instruction in active listening, effective communication skills, stress management, tobacco cessation techniques and self-control to counteract risk factors for drug abuse relevant to older teens.

Retailer-Directed Interventions
The primary goal of tobacco retailer-directed interventions is to reduce tobacco sales to minors and tobacco purchases by minors. Within this approach, research and practice is divided into three clusters: merchant and community education about adolescent tobacco use and laws prohibiting tobacco sales to minors, enactment of laws prohibiting tobacco sales to minors and enforcement of laws prohibiting tobacco sales to minors combined with merchant and community education about adolescent tobacco use and the laws prohibiting tobacco sales to minors.

Second Step: A Violence Prevention Curriculum
The Second Step program is a classroom-based social skills program for preschool through junior high students (4 to 14 years old). It reduces aggressive behaviors and increases children's social-emotional competence.

Sembrando Salud
Sembrando Salud is a culturally sensitive tobacco and alcohol use prevention program specifically adapted for migrant Hispanic youth and their families. The program is designed to improve parent-child communication skills as a way of improving and maintaining healthy youth decision-making. Sembrando Salud contains a school and family curriculum delivered by bilingual/bicultural college students.

SMART Leaders
SMART Leaders is a curriculum-based program that uses role-playing, group activities, and discussion to promote social and decision-making skills in racially diverse 14-to 17-year-olds. As participants advance in the program, they are involved in educational discussions on alcohol, tobacco, and other drugs and have the opportunity to recruit other youth for the program and assist with sessions offered to younger boys and girls. Evaluation results show the effectiveness of this multiyear approach in promoting refusal skills and creating drug-free peer leaders.

Strengthening Families Program
The Strengthening Families Program (SFP) involves elementary school aged children (6 to 12 years old) and their families in family skills training sessions. SFP uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. It builds on protective factors by: improving family relationships, improving parenting skills, and increasing the youth's social and life skills.

Strengthening Families Program: 10-14

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14), resulted from an adaptation of the Strengthening Families Program (SFP), developed at the University of Utah. Formerly called the Iowa Strengthening Families Program, the long range goal of the curriculum is reduced substance use and behavior problems during adolescence. Intermediate objectives include improved skills in nurturing and child management by parents, improved interpersonal and personal competencies among youth, and prosocial skills in youth. Parents of all educational levels are targeted and printed materials for parents are written at an 8th grade reading level. All parent sessions, two youth, and two family sessions use videotapes portraying prosocial behaviors and are appropriate for multi-ethnic families.

Tutoring

The Too Good for Drugs (TGFD) program is a Kindergarten through Grade 12 multifaceted, interactive social influence intervention using a universal education strategy. The program is a long-term intervention that builds skills sequentially with the intention of preventing ATOD use and promoting healthy decision-making and positive, healthy youth development. This program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect most students.

12-19 Year-old Participants Enrolled in DASA Prevention Best Practice Programs
By DSHS Region and Count

County	Program Name	Clients
Region 1		
ADAMS		
	Project ALERT	1012
	Strengthening Families Program: 10-14	30
CHELAN/DOUGLAS		
	Life Skills Training Program	106
	Strengthening Families Program: 10-14	51
FERRY		
	Life Skills Training Program	4
	Mentoring: Big Brothers/Big Sisters	2
	Strengthening Families Program: 10-14	9
GRANT		
	All Stars	35
	Strengthening Families Program	21
LINCOLN		
	Life Skills Training Program	169
	Strengthening Families Program: 10-14	2
OKANOGAN		
	Strengthening Families Program: 10-14	40
PEND OREILLE		
	Life Skills Training Program	4
SPOKANE		
	Nurturing Program	10
	Positive Action	33
	Project ALERT	390
	Second Step: A Violence Prevention Curriculum	5
	Strengthening Families Program: 10-14	32
STEVENS		
	Life Skills Training Program	69
	Strengthening Families Program: 10-14	9
WHITMAN		
	Counter-Advertising	6
	Life Skills Training Program	6
Region 2		
ASOTIN		
	Nurturing Program	2
	Strengthening Families Program: 10-14	12
BENTON/FRANKLIN		
	Parents Who Care	1
	Project ALERT	213
	Strengthening Families Program: 10-14	9
KLICKITAT		

County	Program Name	Clients
	Project SUCCESS	22
WALLA WALLA		
	Keep A Clear Mind	10
	Life Skills Training Program	104
YAKIMA		
	Incredible Years	8
	Life Skills Training Program	301
	Preparing for the Drug Free Years (PDFY)	8
Region 3		
ISLAND		
	Strengthening Families Program: 10-14	66
SAN JUAN		
	Mentoring: Big Brothers/Big Sisters	10
	Strengthening Families Program: 10-14	4
SKAGIT		
	Life Skills Training Program	35
	Sembrando Salud	7
	Strengthening Families Program: 10-14	18
SNOHOMISH		
	Communities That Care	13
	Life Skills Training Program	862
	Mentoring: Big Brothers/Big Sisters	13
UPPER SKAGIT		
	Life Skills Training Program	9
WHATCOM		
	Mentoring: Big Brothers/Big Sisters	9
	Project ALERT	585
	Strengthening Families Program: 10-14	30
Region 4		
KING		
	All Stars	39
	Creating Lasting Connections (CLC)	55
	Life Skills Training Program	592
	Mentoring: Big Brothers/Big Sisters	93
	Nurturing Program	10
	Parenting Skills Program	4
	Preparing for the Drug Free Years (PDFY)	10
	Project ALERT	1538
	Strengthening Families Program: 10-14	81
Region 5		
KITSAP		
	Parent and Family Skills Training (general)	91
	Tutoring	27
PIERCE		
	Life Skills Training Program	1576

County	Program Name	Clients
	Mentoring: Big Brothers/Big Sisters	78
	Project ALERT	337
	Project Towards No Drug Abuse	287
	Tutoring	195
Region 6		
CLALLAM		
	Nurturing Program	2
	Strengthening Families Program	1
CLARK		
	Mentoring: Big Brothers/Big Sisters	4
	NICASA Parent Project	2
COWLITZ - C		
	Strengthening Families Program	1
JAMESTOWN S`KLALLAM		
	Mentoring: Big Brothers/Big Sisters	8
JEFFERSON		
	Mentoring: Big Brothers/Big Sisters	1
	Project ALERT	382
	Retailer-Directed Interventions	18
	SMART Leaders	89
	Strengthening Families Program: 10-14	8
LEWIS		
	Nurturing Program	52
	Strengthening Families Program	1
	Strengthening Families Program: 10-14	19
MASON		
	Project Northland	48
	Strengthening Families Program	12
PACIFIC		
	All Stars	181
	Project ALERT	104
SKAMANIA		
	Leadership and Resiliency	578
	Life Skills Training Program	13
	Mentoring: Big Brothers/Big Sisters	9
THURSTON		
	Parenting Wisely	1
WAHKIAKUM		
	Strengthening Families Program	1
	Strengthening Families Program: 10-14	3

Chemical Dependency Treatment Services for Youth in Washington State

What are the services?

- Division of Alcohol and Substance Abuse (DASA), of the Washington State Department of Social and Health Services, is the state agency providing both publicly funded treatment and prevention services for chemically dependent adolescents and their families. Both drug and alcohol abuse and dependencies are addressed.
    - DASA contracts for and manages a comprehensive continuum of intervention, screening, assessment, and treatment services for indigent, low-income, and Medicaid-eligible youth and their families. Funded services include the Twenty-Four Hour Helpline and Teen Line, school-based intervention services through Office of the Superintendent of Public Instruction (OSPI), contracts with 39 counties for outpatient assessment and treatment services, and direct contracts with public and private agencies for stabilization/detoxification and residential services.
- DASA collaborates with agencies, non-profit organizations, tribes, local governments to provide services for individuals and communities
- Helpful Publications on the Website: ***A Guide for Parents: Chemical Dependency Treatment Options for Minors Under Age 18; and Referral and Resource Guide for Adolescent Chemical Dependency Treatment*** (Both publications available in bulk from the Washington State Alcohol/Drug Clearinghouse: 1-800-662-9111, or at clearinghouse@adhl.org.
- Website: http://www1.dshs.wa.gov/dasa/default.shtml

How/where are services provided?

Alcohol Drug Twenty-Four Hour Help Line and Teen Line

Prevention and Intervention Services in Schools

Description

Alcohol Drug 24 Hour Helpline, and Teen Line: offer phone assistance on referrals, resources, teen support for drug and alcohol problems.

Prevention/Intervention Services (OSPI) funded through local, state, and federal funds, places prevention/intervention specialists in schools for comprehensive student assistance programs that address problems associated with substance use, early prevention and intervention, assistance in referrals to assessment and treatment, and strengthening transition back to school for students who have had problems of alcohol and other drug abuse and dependency. (See further description in Prevention Description)

Eligibility

- Help Line, Teen Line open to all residents.
- P/I services, see Prevention Description.

Stabilization and Detoxification Services

Description
The purpose is to provide a safe, temporary, protective environment for at-risk/runaway youth who are experiencing harmful effects of intoxication and/or withdrawal from alcohol and other drugs, in conjunction with emotional and behavioral crisis, including co-existing or undetermined mental health symptoms. For youth age 13 – 17 will address the needs of and treatment outcomes for youth who need chemical dependency and other treatment services but who may not be able to access these services due to acute intoxication and medical, psychological, and behavioral problems associated with their alcohol/drug use.
Eligibility
Open to all youth regardless of income or financial resources.
Served
Approximately 354 youth between ages of 12 – 17 received detox/stabilization services in 2003. Seven sites throughout the State serving regional populations.
Note: parental consent recommended but not required since this not a treatment service.

Screening, Assessment, Outpatient Services

Description
A state certified program which provides assessments and alcohol/drug counseling for youth and families, including outreach, case management, group and individual, and referral to treatment. Includes misuse through abuse of alcohol and drugs, aftercare services post-residential treatment.
Includes Group Care Enhancement outpatient services out-stationed at youth group homes, programs not certified for these services, as a way to reduce barriers and increase access to treatment. DASA sub-contracts with all 39 counties.
Eligibility
Youth age 10 - 18, whose family incomes are below 200% of the federal poverty level, and who do not have access to treatment through health insurance mechanisms.
Served
See description in **Who Is Receiving Services.**
***Note: Parental consent required for any treatment of minor under age 13; minor age 13 – 17 may consent to outpatient services. (See Youth Guide, Parent Guide for detailed information, agency provider lists*).**

Residential and Recovery House Services

Description
DASA contracts with residential providers for different modalities due to addiction and other life issues and their severity, and whether a "secure" setting is needed.
Level I: for youth with primary diagnosis of chemical dependency with less complicating mental health, other emotional, behavioral problems. Length of stay variable 30 – 45 days.
Level II: have primary diagnosis of chemical dependency and symptoms of mental health diagnosis or problems requiring concurrent management. Variable length of stay 30 – 90 days.

Secure settings: some providers have internal and external mechanisms, and staff security designed to reduce youth running away from treatment.
Recovery House: for youth needing sober supportive home after residential treatment stay, treatment focus is longer term recovery and life skills, relapse prevention. Length of stay variable up to 120 days.
Total beds: 182 (includes treatment expansion beds)
Eligibility
Same as Outpatient Services. Regional providers but open to all youth in state.
Served
See description in **Who Is Receiving Services.**
***Note:* Parental consent required for any minor under age 18; except "self-consent for youth who meet definition of Child In Need of Services (CHINS) when parent unable or unwilling to provide consent.**

Who is receiving the service?

Overall, youth clients are referred from multiple systems, and assessed as in need of chemical dependency treatment. They have whose family incomes below 200% of the federal poverty level, and do not have access to treatment through health insurance mechanisms. Youth who are admitted to DASA publicly funded treatment programs have many serious and complex problems requiring a coordinated, multi-agency approach. Data from the 2003 Treatment and Assessment Reports Generation Tool (TARGET) provides a description of the population receiving treatment.

- **Gender**: 62% male and 38% female.
- **Race**: 57% Caucasian (Non-Hispanic), 6% Black, 11% Hispanic, 6% Native American, 2% Asian/Pacific Islander, 18% Other.
- **Age**: 41% between the ages of 11 and 15 years.
- **Schooling**: 15% not enrolled in school; and 15% dropped out/suspended from school.
- **Substance use history**: 94% began using their primary substance between the ages of 11 and 15; 6% had used needles to inject illicit drugs; 71% were chemically dependent at time of admission. Marijuana is the most frequently cited drug of abuse in youth admissions.
- **Type of treatment services**: The majority of youth admissions are for outpatient services: 53% outpatient, 24% intensive outpatient, 18% intensive inpatient, and 4% recovery house services.
- **Mental health needs**: 15% had a diagnosed mental disability; 16% were currently receiving mental health services; 15% were currently on prescribed psychiatric medications.
- **Criminal history**: 48% were on parole or probation at the time of substance abuse treatment
- **Other socioeconomic factors**: 28% had run away from home at least once in their lifetime; 22% had been a victim of domestic violence; 31% used the emergency room for one or more visits in the last year.

While youth vary in their ethnic diversity, data gathered from TARGET (DASA database and the

DASA Treatment Analyzer) revealed that over 99% of youth admitted for treatment for state fiscal year 2003 reported that they had functional English speaking and reading skills.

The Treatment Gap:

In 2003, 5,875 youth received treatment services by DASA, out of an estimated 24,981 eligible individuals needing and eligible for DASA-funded treatment. The following table illustrates the treatment gap, or underserved need. (DASA 2004 Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State).

Target Population	***Needing & Eligible for DASA-Funded Treatment***	***Received Treatment with DASA-Funded Support***	***Number of Eligible Individuals Unserved***	***Treatment Gap Rate (Unserved Need)***
Adolescents	**2003**	**2003**	**2003**	**2003**
Ages 12 – 17	**24,981**	**5,875**	**19,106**	**76.5%**

Priority populations:

Services address and prioritize youth who are on the street, homeless, running away from home, injection drug using and pregnant and parenting.

Assistance with Transportation:

Financial assistance is available to those youth and families who qualify for residential treatment, and who are in most need of assistance with treatment program family activities due to distance and other barriers. (See Family Hardship in Youth Referral Guide)

Issues/challenges for Youth Treatment System:

- Co-Occurring mental health conditions
- Increasing need for techniques to improve engagement, retention, and completion using cognitive behavioral approaches compatible with alcohol and drug addiction treatment.
- Increasing referrals from Juvenile Justice sources, such as local courts, drug courts, and community placement of offenders.
- Limited capacity and funding.
- Public funding for only 24% of those indigent, low-income youth and families needing treatment.
- Long waiting lists result in missing the "window of opportunity" for admitting to treatment services.
- Increased need for "secure" facilities.
- Primary marijuana abuse and addiction.
- Increases in methamphetamine use.
- Lower age of first use and level of maturity.
- Severity of alcoholism and drug addiction.

- Improving responsiveness and sensitivity to the diverse ethnic and cultural lives of youth and families.

Treatment Works – Outcomes One Year After Treatment:

(Washington State Division of Alcohol and Substance Abuse One-Year Adolescent Outcomes Report 1997; Treatment Outcomes for Youth Admitted to Residential Chemical Dependency Treatment Under the Provisions of the "Becca" Bill 1997)

- Declines in school and work problems
- Improved school performance, attendance, and academic achievement
- Declines in psychiatric symptoms
- Declines in legal involvement
- Declines in medical service utilization

How to Refer a Youth to Treatment:

Each DASA-contracted youth provider is responsible for determining a youth's clinical and financial eligibility for treatment at that contracted facility. Those youth who already have medical coupons are approved for DASA funding. Youth who are low-income may be eligible for DASA-funding, and those families with some third party insurance who may not be able to afford costs of treatment not covered by insurance may also be eligible for partial or full funding.

Generally it is best to refer a youth to an outpatient treatment program for an initial assessment of chemical dependency, although if the need for residential treatment has been established, youth may be referred directly to a contracted residential facility, with arrangements for continuing care at a local outpatient provider.

For more detailed information about referral and financial processes, and lists of programs, age of consent issues, refer to:

A Guide for Parents: Chemical Dependency Treatment Options for Minors Under Age 18; and Referral and Resource Guide for Adolescent Chemical Dependency Treatment located on DASA website or from the Washington State Alcohol Drug Clearinghouse.

For assistance in finding treatment resources:

Cyndi Beemer	DASA Region One Treatment Manager	**(509) 329-3732**
Eric Larson	DASA Region Two Treatment Manager	**(509) 225-6232**
Melinda Trujillo	DASA Region Three Regional Manager	**(360) 658-6862**
Bob Leonard	DASA Region Four Treatment Manager	**(206) 272-2188**
Pamala Sacks-Lawlar	DASA Region Five Treatment Manager	**(253) 476-7058**
Ruth Leonard	DASA Region Six Treatment Manager	**(360) 725-3742**
Stephen Bogan	DASA Youth Treatment System Manager	**(360) 725-3707**

24-HOUR ALCOHOL/DRUG HELP-LINE (206) 722-4222 or
Call **TOLL FREE** (WA only) **1-800-562-1240**

Teen Pregnancy Prevention

What is the service?

- Title V MCH Block Grant funds and Title V, Section 510 Abstinence Education funds provide teen pregnancy prevention services to youth of Washington through a variety of outreach and educational services. Abstinence Education funding provides information solely on abstinence and enhancing interpersonal communication, whereas Block Grant funds cover a wider range of topics including access to contraception, family planning methods, and youth development.

Teen Pregnancy Prevention Projects

Description:

- High-risk youth receive family planning services, education, counseling, and mentoring through the Teen Pregnancy Prevention Projects. Youth are educated on topics ranging from HIV and sexually transmitted disease (STD) reduction to appropriate birth control and contraceptive methods to increasing parent-caregiver communication. These projects employ the youth development approach, which assumes that adolescents must develop basic competencies and skills to choose health-enhancing behaviors and become successful adults. The project sites are evaluated to determine efficacy and further enhance program designs specific to community needs and the target population.

How/where provided

- Implemented in five counties: King, Mason, Lewis, Okanogan and Grays Harbor
- Funding is provided to local family planning agencies, community-based organizations, and local health departments.

Eligibility: All youth ages 10-19 years old are eligible for services

Target Audience

- Approximately 350 youth clients were served through these projects. These projects are funded annually and last from August 1st through July 31st.

Abstinence-based Public Awareness Campaign

Description

- Campaign targets youth by encouraging them to not engage in sexual activity while emphasizing that parents of young teens should talk to their children about delaying sex. Qualitative data through statewide focus groups conducted with youth and parents in 2004 served as the foundation for media-based campaign messages. Pre and post test surveys of youth and parents will determine campaign effectiveness and allow for message enhancement.

How/where service provided

- The public awareness campaign is implemented statewide and target audiences have access to messages through television, radio, billboards, and cinema screen ads.

Eligibility: All youth ages 10-19 years old and their parents are eligible for services

Target Audience

- **Estimated audience: All** youth ages 10 through 14 and parents of young teens are potential target audience for the campaign.
- **Media spots** include two television spots for youth and one for parents. Youth spots encourage youth not to have sex, while the parent spot provides parents ways to talk to their children about delaying sex. Radio spots for parents and youth (translated into Spanish as well), are also aired in various radio stations throughout the state.
- The campaign **timeline** is April 18 through September 11, 2005 and spots are aired on various channels, including, but not limited to MTV, ABC Family, Cartoon Network, WB, NBC etc.

Target areas include: **Seattle/Tacoma** which includes north to Bellingham, south to

- Olympia, west to the Olympic peninsula and east to Wenatchee; **Southwest WA** which includes Vancouver north to Olympia and East to Goldendale; **Central WA** which includes Yakima and the Tri-Cities; **Eastern WA** which includes Spokane, Walla Walla, Pullman, Colville, Moses Lake and north to the border.
- Billboard (June 1 to August 31) and Cinema screen (July 1 through July 31) ads are strategically placed throughout the state as well.
- **Areas with billboards** include, Anacortes (1)**,** Aberdeen (2)**,** Bremerton (2)**,** Centralia/Chehalis (1), Ellensburg (1)**,** Long Beach (1)**,** Longview (1)**,** Vancouver (3)**,** Port Angeles (1)**,** Colville (1)**,** Newport (1). Cinema screen spots were bought in these areas: Walla Walla (12), Sunnyside (12), Yakima (20), Ellensburg (9), Pullman (8), Clarkston (12), Colville (1).

Abstinence-based Media Literacy Curriculum

Description:

- Sites implementing an abstinence-based media literacy curriculum targeting middle school youth were successfully evaluated through pilot testing in 2004. The current goal is to provide the same curriculum to communities and schools through a competitive process by fall 2005. The curriculum is a peer-to-peer program that enables youth to deconstruct various media messages, while encouraging them to abstain from sexual activity in order to avoid unintended pregnancy, STDs, and HIV.

How/where service provided

- The media literacy curriculum will be implemented in 10 communities across the state. Curriculum training for youth will be provided by the University of Washington, College of Education.

Eligibility*:* All youth ages 10-19 years old are eligible for services

Target Audience

- 532 youth participated in the media literacy curriculum in six pilot test sites across the state in 2004. Sites included Port Angeles, Spokane, Seattle, Yakima, Des Moines, Naches.
- Approximately 10 sites statewide will be funded in 2005, ranging from 10 to 40 participants per site.

Sexuality Education Guidelines

Description

- The January 2005 Guidelines for Sexual Health Information and Disease Prevention created by the Department of Health and the Office of Superintendent of Public Instruction provides a common framework for all educators and teachers providing comprehensive sexuality education to youth. While the voluntary guidelines promote abstinence as the safest method to avoid pregnancy and STDs, they also provide information on contraception for youth who choose to become sexually active.

Eligibility*:* All youth ages 10-19 years old are eligible for services

How/where service provided

- Statewide

Target Audience

- All health educators, teachers, and parents/caregivers are encouraged to use the Guidelines as a framework to teach comprehensive sexuality education.
- The Guidelines were distributed to all local health departments, Nursing Directors, local family planning agencies, tribal health programs, and all ESDs. Unfortunately, there is no way to track how many people or who is accessing the guidelines through our website.

Issues/Concerns

- Nationally and within Washington State, abstinence education funding has been on the increase, whereas dollars for comprehensive services and education is limited. DOH also lost state funding in 2003 that partially supported teen pregnancy prevention projects across the state.
- The federal 8-part abstinence education definition is very limiting in its scope and only three out of the eight parts have any factual evidence behind them. DOH is particularly concerned now that the program has been transferred from MCHB to ACF (Administration for Children and Families), that future program guidance might enforce equal emphasis on ALL eight parts of the abstinence education definition.
- Although teen pregnancy rates have been declining steadily over the last decade in Washington, there is concern over STD and HIV rates among the adolescent population and disparities across the state. Furthermore, there is no reliable statewide data in Washington to measure change in sexual activity. Data exist on teen pregnancies, births, abortions, and sexually transmitted diseases. Reduction in teen pregnancy rates is a surrogate measure for sexual activity and is the indicator used to evaluate these programs.

Tobacco Prevention & Treatment Services for Youth

What is the service?

- Through the Tobacco Prevention and Control Program of Washington State, prevention and control activities take place through a variety of partners, including community and tribal programs, public awareness and education, school programs, quit programs, policy and enforcement, and assessment and evaluation.
- Goals include: Increasing tobacco cessation, eliminating exposure to secondhand smoke, preventing youth from initiating tobacco use, and identifying and eliminating tobacco-related disparities in high-risk groups.[111]
- Website: http://www.doh.wa.gov/tobacco/

Community and Tribal Programs

Description
- Washington State funds tobacco prevention and control programs around the state.

How/where provided
- Programs provided in all 39 counties, in 27 of the 29 federally-recognized tribes, and in five high-risk communities.

Target Audience
- Washington State residents

Public Awareness and Education

Description
- A combination of creative multimedia approaches used to raise awareness about the dangers of smoking and secondhand smoke, to prevent youth from smoking, and help adults quit.

How/where provided
- Through media sources such as TV, newspapers, internet, billboards, radio, and locations where youth congregate such as malls and community centers.
- *Unfiltered TV*: Media ads to reach youth; http://www.unfilteredtv.com/

Target Audience
- Youth ages 11-14 years old currently targeted by newest campaign "Kissing a smoker is just as gross", which began in October 2005.
- Since it's inception in 1999, there are 65,000 fewer youth smoking in Washington State

School Programs

Description

Funding is provided to help schools establish smoking cessation programs for students, provide information to families, train school staff, distribute evidence-based curriculum, and facilitate the enforcement and improvement of tobacco-free policies.

[111] Washington State Department of Health, "Tobacco Prevention and Control Program Progress Report" March 2005.

How/where provided

- The state's nine Educational Service Districts equip Washington's 296 school districts, in partnership with the Office of the Superintendent for Public Instruction, non-profit agencies, local health departments, and other local agencies.
- Monthly progress reports are submitted to the Department of Health from each Educational Service District, addressing activities within each of its participating school districts.

Eligibility

- All students are eligible.

Target Audience

- Grades 5^{th}-9^{th} are targeted, since this is the age most youth begin smoking

Quit Programs

Description

- The Department of Health funds the toll-free Washington Tobacco QuitLine (WAQL) (1-877-270-STOP or www.quitline.com) which provides individual counseling, referrals to local cessation programs, and tobacco cessation kits.

How/where provided

- In addition to the WAQL, health care providers are trained to assist patients with cessation activities.

Eligibility

- Any Washington State smoker.

Target Audience

- Current smokers.

Policy and Enforcement

Description

- State and Federal laws are enforced, and local efforts supported, through the partnerships between the Department of Health, state Attorney General, Liquor Control Board, and local law enforcement agencies.

How/where provided

- Policies address the dangers of secondhand smoke, and facilitate the reduction of advertising and targeting of youth.
- Retailers are educated about federal requirements, and compliance checks conducted, to ensure that tobacco sales to youth stay below 20 percent of total sales.
- In 2004 random checks, youth were able to purchase tobacco in 11.7% of attempts.

Target Audience

- Retailers and adults targeted to reduce access and availability of tobacco products

Who is Receiving the Services [112]

Tobacco Use Prevalence - Youth (2004)			
Current Smoking	*Total*	*Males*	*Females*
6th grade students	2.0%	2.4%	1.5%
8th grade students	7.8%	7.2%	8.2%
10th grade students	13.0%	12.0%	13.7%
12th grade students	19.7%	20.5%	18.9%
Current Chewing Tobacco Use	*Total*	*Males*	*Females*
6th grade students	1.0%	1.2%	0.8%
8th grade students	2.8%	3.4%	2.2%
10th grade students	4.9%	8.0%	2.2%
12th grade students	7.6%	14.2%	1.6%

- Over half of students reported receiving information about the dangers of tobacco in school during the past year: [113]
  - 6th graders: 84%
  - 8th graders: 80%
  - 10th graders: 74%
  - 12th graders: 55%

- Over three-fourths of students report hearing or seeing commercials about the dangers of cigarette smoking in the last month:
  - 8th graders: 76%
  - 10th graders: 79%
  - 12th graders: 80%

Media [114]

- Total TV Prevention spots airing in 2005 = 23,912
- Total R Prevention spots airing in 2005 = 24,572

Highlights [1]

Smoking among youth has decreased since 1999:

- 6th graders – 57% decrease
- 8th graders – 49% decrease
- 10th graders – 48% decrease
- 12th graders – 44% decrease

[112] Washington State Department of Health, Tobacco Prevention and Control Program. "Statewide Tobacco Use Rates". Website: http://www.doh.wa.gov/tobacco/fact_sheets/programfactsandfigures.htm. Accessed 10/26/05

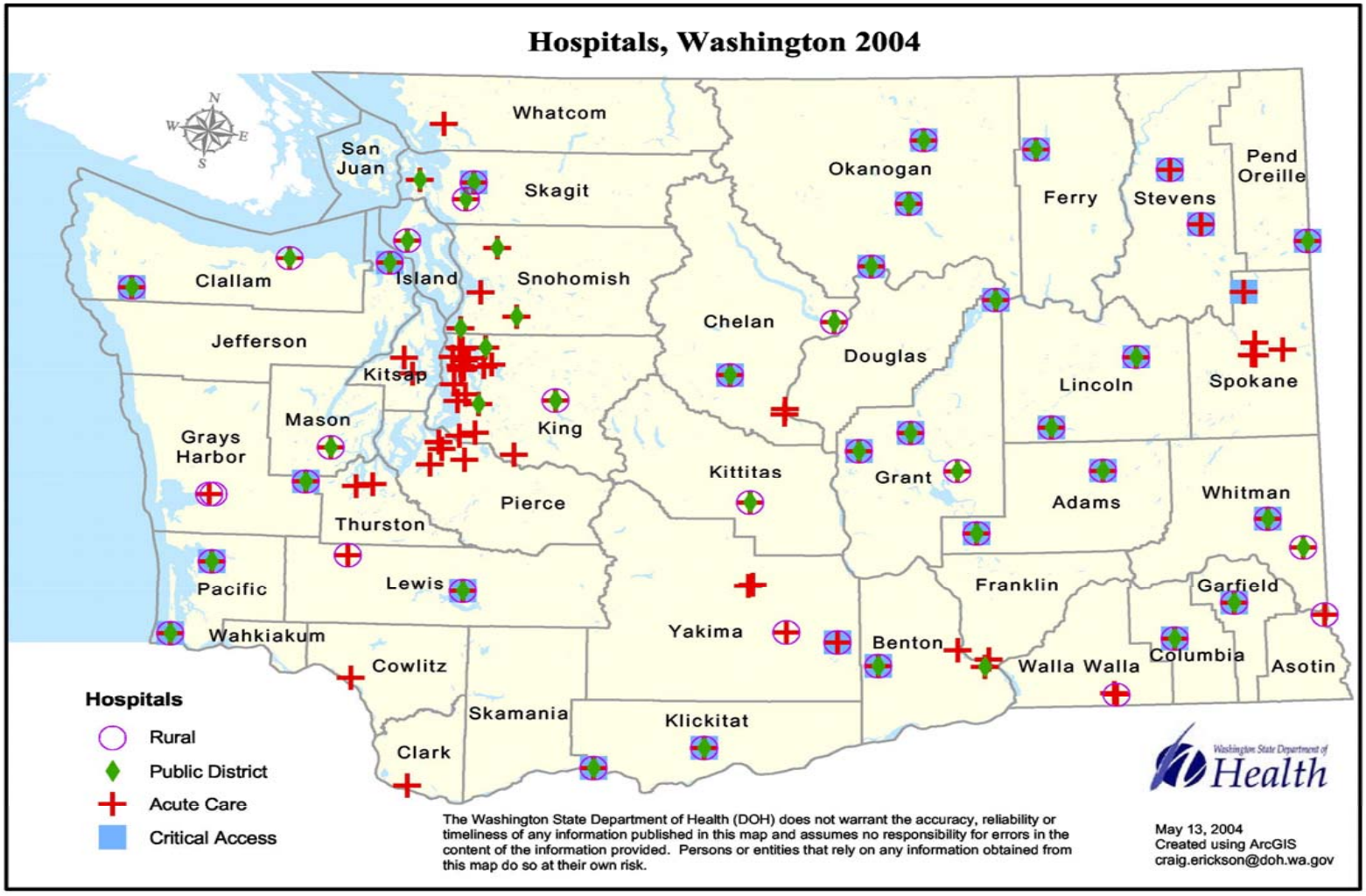
[113] Washington State Healthy Youth Survey 2004. Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Website: http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx

[114] 2005 Ad Spot Database – Maintained by Sedgewick Road.

Issues/Concerns [1]

- Approximately 45 Washington kids still begin smoking each day, despite the progress made so far
- Healthcare resources continually drained by tobacco-related diseases
- Existence of health disparities affecting communities disproportionately
- Over 100,000 non-smokers exposed to workplace secondhand smoke
- Over 10% of babies are born to mothers who smoked during their pregnancy
- Sustainable funding required to maintain decreasing tobacco use rates and to counter tobacco industry advertising

Acute Care Hospitals Map



Emergency/ Trauma Services Map
Trauma Service Designation Definitions

Level I (Adult and Pediatric) Trauma Service – provides the highest level of definitive and comprehensive surgical and medical care for trauma patients with multiple and complex injuries requiring the most specialized care. Trauma-trained emergency physicians, registered nurses, and general surgeons are in-house and available to the trauma patient within 5 minutes to initiate resuscitation and stabilization, and to direct patient care. A Level I must conduct applicable trauma research and injury prevention activities, provide statewide professional and community education, and consultative community outreach services.

Level II (Adult and Pediatric) Trauma Service – provides definitive comprehensive surgical and medical care for multi-system trauma patients. Trauma-trained emergency physicians and registered nurses are in-house and available to the trauma patient within 5 minutes to initiate resuscitation and stabilization. A trauma trained general surgeon is available within 20 minutes to direct patient care. A broad range of specialists, comprehensive diagnostic capabilities, and support services are available. Injury prevention activities, professional and community education, and consultative community outreach services are provided.

Level III (Adult and Pediatric) Trauma Service – provides comprehensive surgical and medical care for trauma patients. Trauma-trained emergency physicians and registered nurses are in-house and available within 5 minutes to initiate resuscitation and stabilization. A trauma trained general surgeon is available within 30 minutes to direct patient care. The general surgeon may provide treatment including surgery, or initiate transfer to a higher-level trauma service. Select specialty, diagnostic, and support services are available. Injury prevention activities are provided.

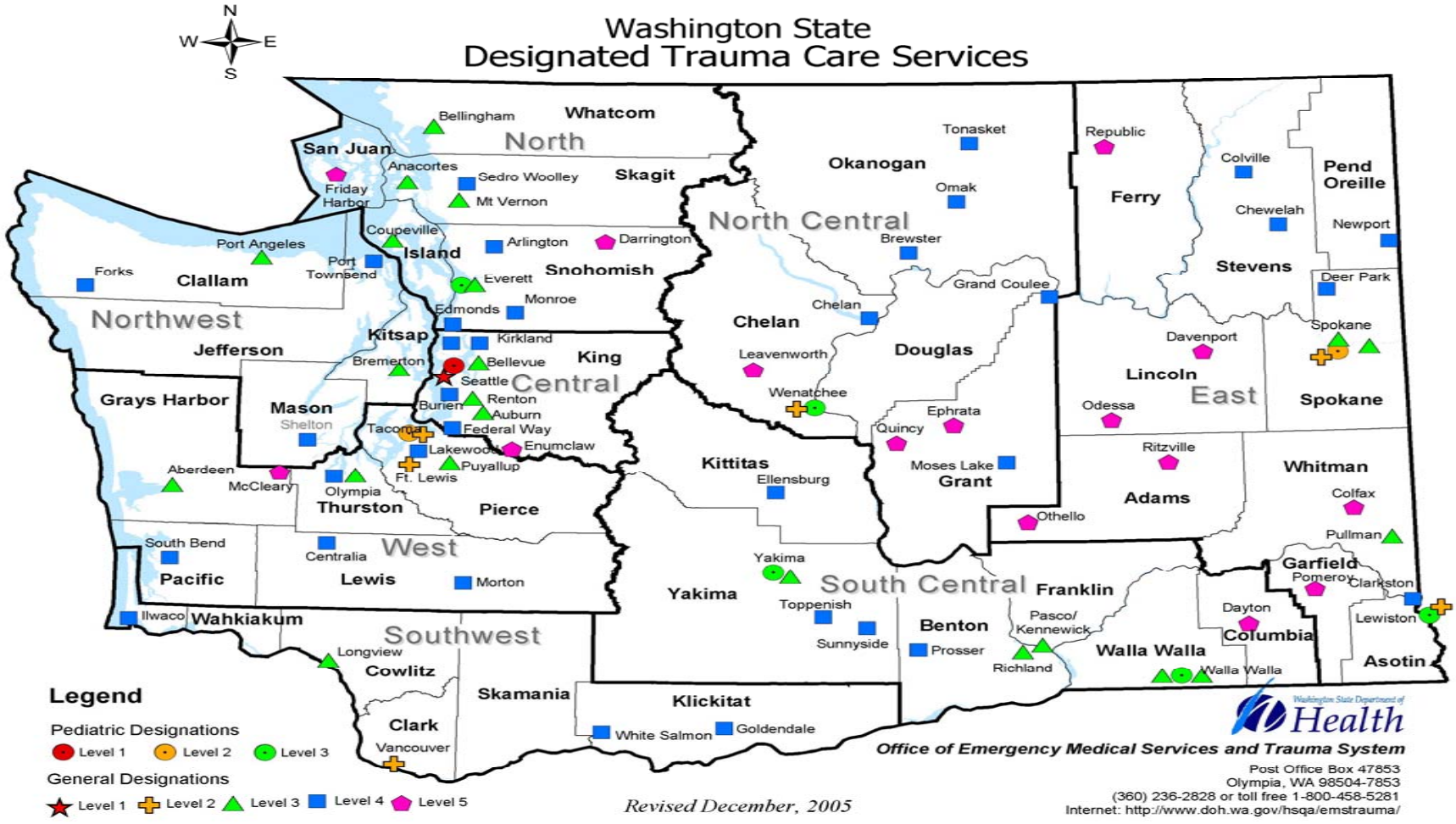
Level IV Trauma Service – provides initial resuscitation and stabilization. Trauma-trained registered nurses are in-house and available within 5 minutes to initiate resuscitation and stabilization, and trauma-trained physicians are on-call and available within 20 minutes to provide resuscitation, stabilization, and treatment, and to initiate transfer. Trauma-trained general surgeons and trauma critical care services may be available, but are not required. Standard diagnostic and support services are provided.

Level V Trauma Service – provides initial resuscitation, stabilization, and transfer of trauma patients. Trauma-trained physicians, physician assistants, or advanced registered nurse practitioners are available within 20 minutes. Level V facilities are rural hospitals or clinics.

Level I (Adult and Pediatric) Trauma Rehabilitation Service – provides in-patient rehabilitative treatment to trauma patients with traumatic brain injuries, spinal cord injuries, complicated amputations, and other diagnoses resulting in moderate to severe functional impairment.

Level II Trauma Rehabilitation Service – provides in-patient rehabilitative treatment to trauma patients with musculoskeletal trauma, peripheral nerve injuries, lower extremity amputations, and other diagnoses resulting in moderate to severe functional impairment.

Level III Trauma Rehabilitation Service – provides out-patient rehabilitative treatment to trauma patients with limited musculoskeletal injuries, peripheral nerve injuries, uncomplicated lower extremity amputations, and other diagnoses resulting in minimal to moderate functional impairment.



Obstetric Services Map